

# Information Form in Case of Emergency – Appendix 408C

*Please Type or Print Clearly*

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_  
Date of Birth     /     /     (dd/mmm/yyyy)     Soc. Ins. Num. \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

## **Contact person in case of emergency in Canada**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
\_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

## **Contact person in case of emergency in Home Country**

### **A. Diocese (if applicable)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

### **B. Family**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date     /     /     (dd/mmm/yyyy) \_\_\_\_\_

***Please complete and return to the Office of the Chancellor***

***\*\*\*Please include a recent photo dated on the back\*\*\****

