



Métis Veteran Legacy Program Intake Form

Welcome to the Métis Veteran Legacy Program Intake Form Process.

Send your completed form by email, fax or mail to one of the following coordinates:

To: Métis Veterans Legacy Program Recognition Payment Administrator

300-150 Henry Ave Winnipeg, MB R3B 0J7

Email: veteran.info@metisveterans.ca

If you require assistance in completing the Intake Form, you can contact the MVLP at 1-800-532-1993.

Instructions:

Please fill the information fields and check the appropriate boxes for each section. **All applicants must provide a WWII Veteran Service or Discharge Record from Veterans Affairs Canada.**

Please provide a readable photocopy/scan of your documentation and enclose them with your form.

Please check off the appropriate box that best identifies you.

☐ Applicant

☐ Applicant's Representative

A. Applicant

Please identify if you are a:

- ☐ Métis WWII Veteran (Served in the Canadian Armed Forces (or any Allied Force of Canada) during World War II is the period between September 1, 1939, and April 1, 1947)

Or

- ☐ Spouse of a Métis WWII Veteran (Served in the Canadian Armed Forces (or any Allied Force of Canada) during World War II is the period between September 1, 1939, and April 1, 1947)

Or

- ☐ Common-Law Partner of a Métis WWII Veteran (Served in the Canadian Armed Forces (or any Allied Force of Canada) during World War II is the period between September 1, 1939, and April 1, 1947)

Or

- ☐ Child of a Métis WWII Veteran (Served in the Canadian Armed Forces (or any Allied Force of Canada) during World War II is the period between September 1, 1939, and April 1, 1947)

B. Verification Record(s)

1. Attach the appropriate Record(s) for the WWII Metis Veteran: (**Mandatory for all applicants**)

- ☐ Service Record and/or
☐ Discharge Record

2. Veteran Service Number: _____

3. Veteran K-Number: _____

4. Branch of Service

- ☐ Navy
☐ Army
☐ Air Force
☐ Merchant Nave
☐ Other: _____

If you do not have the Service/Discharge Record for the WWII Veteran, you can contact Veteran Affairs Canada (VAC) at: https://www.veterans.gc.ca/eng/e_services or call: **1-866-522-2122**.

C. Applicant Contact Information

Please provide the following information for the person receiving the Recognition Payment

5. Full Legal Name:
 - a. First Name: _____
 - b. Middle Name: _____
 - c. Last Name: _____
6. Current Mailing Address
 - a. Street Number: _____
 - b. Street Name: _____
 - c. Apt/Unit: _____
 - d. City: _____
 - e. Province/Territory: _____
 - f. Postal Code: _____
7. What is your:
 - a. Daytime phone number: _____ (XXX-XXX-XXXX)
 - b. Cellular Telephone number: _____ (XXX-XXX-XXXX)
 - c. Email address: _____

D. Applicant Representative Information

8. Full Name:
 - a. First Name: _____
 - b. Middle Name: _____
 - c. Last Name: _____
9. Current Mailing Address
 - a. Street Number: _____
 - b. Street Name: _____
 - c. Apt/Unit: _____
 - d. City: _____
 - e. Province/Territory: _____
 - f. Postal Code: _____
10. What is your:
 - a. Daytime phone number: _____ (XXX-XXX-XXXX)
 - b. Cellular Telephone number: _____ (XXX-XXX-XXXX)
 - c. Email address: _____

E. Contact Specifics

11. What is the best way to connect with you?
 - ☐ Daytime phone
 - ☐ Cellular Telephone
 - ☐ Email

12. If you have additional information, questions or comments, please use the text box below.

Additional Information:

Question:

Comment: