



MNBC VETERANS of BRITISH COLUMBIA
WWII MÉTIS VETERANS
DATA COLLECTION FORM

Last Name: _____
First Name: _____
Middle Name(s): _____
Date of Birth: _____
Military Service Number: _____
Branch of Service: (circle applicable) Army Navy Airforce
Unit: _____
Place and date of enrollment: _____
Place and date of discharge: _____
War Service Area: _____
Date of Death (if applicable): _____

Next of Kin Contact Details (Person reporting WWII Métis Veteran)

Last Name: _____
First Name: _____
Address: _____
City/Town: _____
Province: _____
Postal Code: _____
Phone number: _____
Email: _____

MNBC Veterans Committee
Membership Coordinator
852 Anderton Rd
Comox, BC
V9M 3Y6
Email: veteranmembershipclerk@mnbc.ca
Fax: 250-890-0468

Please give a copy of this blank form to another Métis Veteran or Relative

Created 23 May 2018

Note: This form is for the use of either a surviving WWII Métis Veteran or, the immediate family of those WWII Métis Veterans to support of the long-standing grievance of Métis Veterans in relation to their claim for compensation for post- World War II benefits. Please use 1 sheet per WWII Métis Veteran and enter as much information as is known keeping in mind, some of the information may not be known but, some information is better than no information.