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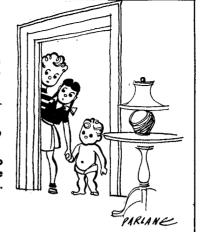


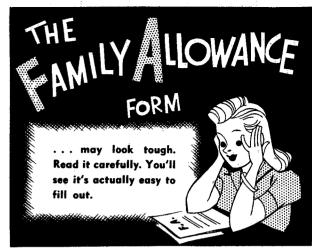
WHAT'S IT ALL ABOUT?

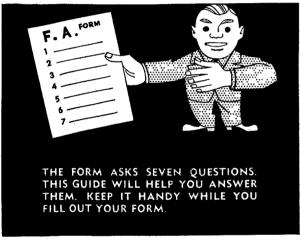
FAMILY ALLOWANCES! Every child under 16 in Canada is entitled to a monthly allowance

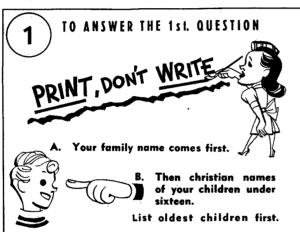
WHY DO I HAVE TO FILL OUT A FORM?

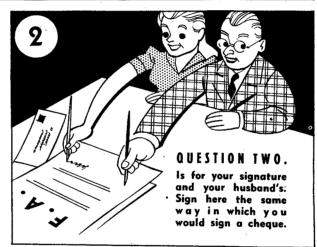
The Federal Government wants to know how many children you have who should receive an allowance.

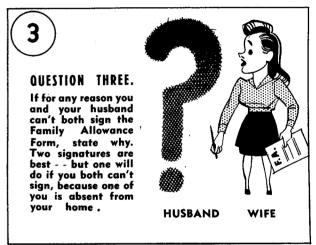






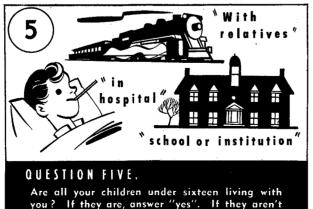








not in school give names and state why.

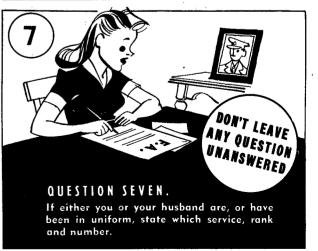


give reason why, and give address where they can

be visited.



If your child, or children, have been absent from Canada for three months or longer, state their names, how long absent, and why. If they have been out of the country on only a few weeks holiday, answer "yes" to this question.



FAMILY ALLOWANCES REGISTRATION FORM

1. I/We apply for the allowance(s) payable under the Family Allowances Act, in respect of the children listed below, all of whom are under 16 years of age and are being maintained by me/us: Please list only the children supported by you. If any child of yours under the age of 16 years is supported by another person, such child should be registered by such other person on a separate registration form.

separate registration form.	3						AT A MILONIOTENE OR		===
PRIN			PLACE OF BIRT	H OF CHILD	PLEASE STATE RELATIONSHIP OF APPLICANT(S) TO EACH CHILD		Leave		
Family or Last Name	· Christian or Given Names	DATE OF BIRTH (month, day, year)	Givi	e Name of City, wn, Village or al Municipality	PROVINCE (or if born outside Canada, state Country)	MOTHER STEP-MOTHER ADOPTIVE MOTHER FOSTER MOTHER, ETC.	FATHER STEP-FATHER ADOPTIVE FATHER FOSTER FATHER, ETC.	space below vacan	7
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	nation given in response to the questions on both si	des of this application Signature of more	tion is con	nplete and acc	urate in every d	etail.			
Signature of father or other person (if any) taking the	WRITE, DON'T PRINT	female person (if	any) taking >	***************************************	WDITE D	DN'T PRINT			
place of father.	WRITE, DON'T PRINT		l		WRITE, DO	M I FRINT	1		
PRINT NAME		PLEASE PRINT	NAME .		<u> </u>	•••••		. :	
WRITE)	WRITE		1	LING (NIIMBER ST		REET OR P.O.)			:
ADDRESS	(NUMBER, STREET, OR P.O.)	WRITE	ADDRESS			•••••			
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3. 11, for any reason (such as t	me absence of father on initiary service, the death of	a cities party, et	c.,, one of	the above sign	acut es 19 Hot Ont	amanie, piease sta	to ili actali tilo i	-mooia v	,•
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nswer is "no", please give in	formation requested in space belo	w.	en e	
Name of Child Over 6 Not Attending School	Reason	FOR NOT ATTENDING SCHOOL	DE.	
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all of the children listed	on the other side of this applic	cation living with apr	olicant?	
	aformation requested in space below			
NAME OF CHILD NOT LIVING	REASON FOR NOT LIVING WITH	ı Wiri	RE CAN CHILD	
WITH APPLICANT	APPLICANT		E VISITED?	
				781
ve all of the children liste	d on the other side of this applic	cation been living con		
ve all of the children listering the three-year period	d on the other side of this application preceding the date of this app	cation been living con		
ve all of the children listering the three-year period	d on the other side of this application preceding the date of this app	cation been living con	atinuously in Ca	
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WHICH IT WAS DELIVERED to you, to the Director of Family Allowances in your Provincial Capital.

These questions must ALL be answered "yes" or "no", giving further information where indicated

Form F.A. 1—2-45—R.P.