

Form B

IDENTIFICATION INFORMATION

1. INFORMATION ABOUT ME

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH DAY MONTH YEAR
-----------	-------	--------	--------------------	--	---------------------------------

2. CHILD(REN) (if there are more than four children, attach additional page)

LAST NAME	FIRST	MIDDLE	Province/Territory/State of residence (last 6 mos)	Sex of child <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH DAY MONTH YEAR
1.				<input type="checkbox"/> M <input type="checkbox"/> F	
2.				<input type="checkbox"/> M <input type="checkbox"/> F	
3.				<input type="checkbox"/> M <input type="checkbox"/> F	
4.				<input type="checkbox"/> M <input type="checkbox"/> F	

3. INFORMATION ABOUT THE RESPONDENT (the other person)

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH DAY MONTH YEAR
ALIASES / OTHER NAMES USED		HEALTHCARE NUMBER		PERSON RESPONDENT LIVING WITH (spouse, common-law, or other partner)	
OTHER IDENTIFICATION NUMBERS				RESPONDENT'S MOTHER'S MAIDEN (BIRTH) NAME	
CURRENT, OR LAST KNOWN ADDRESS (STREET & NUMBER)			CITY	THE RESPONDENT'S ADDRESS IS: <input type="checkbox"/> CURRENT, or <input type="checkbox"/> AS OF (date):	
PROVINCE / TERRITORY / STATE		COUNTRY	POSTAL / ZIP CODE	AREA CODE & PHONE - HOME	
<input type="checkbox"/> CURRENT, OR <input type="checkbox"/> LAST KNOWN EMPLOYER			USUAL OCCUPATION (INCLUDE UNION & LOCAL, TRADE OR PROFESSIONAL MEMBERSHIP)		
WORK ADDRESS (STREET & NUMBER)			CITY	AREA CODE & PHONE - WORK	
PROVINCE / TERRITORY / STATE		COUNTRY	POSTAL / ZIP CODE	AREA CODE & FAX -- WORK	

4. DESCRIPTION OF RESPONDENT

HEIGHT	WEIGHT	EYE COLOUR	HAIR COLOUR	COMPLEXION	WEARS GLASSES? <input type="checkbox"/> Y <input type="checkbox"/> N CONTACTS? <input type="checkbox"/> Y <input type="checkbox"/> N	PLACE OF BIRTH
VISIBLE DISTINGUISHING MARKS OR FEATURES (TATOOS, BEAUTY MARKS, SCARS, ETC.)						
FRIENDS AND/OR RELATIVES WHO KNOW WHERE TO CONTACT THE RESPONDENT						
NAME	RELATION	ADDRESS	CITY	PROV/TERR/ STATE	POSTAL/ ZIP CODE	TELEPHONE
1.						
2.						
3.						

PHOTOGRAPH OF RESPONDENT IS NOT ATTACHED, OR ATTACHED. YEAR PHOTO TAKEN: _____.

I have a Maintenance Enforcement file: Manitoba MEP File# _____ Other province/territory/state File# _____

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature