



Designation of Memorial Cross Recipients Désignation des récipiendaires de la Croix du souvenir

Background and instructions

The Memorial Cross is granted as a memento of personal loss and sacrifice in respect of the death of a member or former member of the Canadian Forces resulting from an injury or disease related to military service. Traditionally, the Cross was granted to the mother and widow of a deceased member. Now it is the responsibility of any member who serves after 31 December 2006 in the Regular Force, Primary Reserve, Cadet Instructors Cadre or Canadian Rangers, or such a member who is released after that date, to designate the potential recipients of the Cross. These eligible members and former members may designate a maximum of three persons by the completion of this form. If no designation is made by an eligible member or former member, no Cross will be granted. The person designated must be alive to receive the Cross. An eligible member or former member may complete a new form at any time. Former members who are released from the Canadian Forces on or before 31 December 2006, or members who are in the Supplementary Reserve on or before that date and do not subsequently transfer to the Regular Force or any other subcomponent of the Reserve Force, remain subject to the Memorial Cross Order made in 1950 and shall not complete this form.

Member's particulars – Renseignements du militaire

SN – NM	Rank – Grade	Surname – Nom	Given names – Prénoms
---------	--------------	---------------	-----------------------

Member Militaire Former member Ancien militaire

I revoke all Memorial Cross designations which I have made and designate the following person(s) to receive the Memorial Cross:
Je révoque toutes les désignations de Croix du souvenir que j'ai faites et désigne la(les) personne(s) suivante(s) pour recevoir la Croix du souvenir :

Designated person(s) to receive the Memorial Cross – Personne(s) désignée(s) à recevoir la Croix du souvenir

1.

<input type="checkbox"/> Mr – M. <input type="checkbox"/> Mrs – Mme <input type="checkbox"/> Miss – Mlle	Surname – Nom	Given names – Prénoms
Complete residence address (including postal code) – Adresse du domicile au complet (<i>y compris le code postal</i>)		Phone numbers – Numéros de téléphone Residence – Domicile
		Office – Bureau
		Cellular – Mobile
Relationship – Lien avec le militaire		Language – Langue

2.

<input type="checkbox"/> Mr – M. <input type="checkbox"/> Mrs – Mme <input type="checkbox"/> Miss – Mlle	Surname – Nom	Given names – Prénoms
Complete residence address (including postal code) – Adresse du domicile au complet (<i>y compris le code postal</i>)		Phone numbers – Numéros de téléphone Residence – Domicile
		Office – Bureau
		Cellular – Mobile
Relationship – Lien avec le militaire		Language – Langue

3.

<input type="checkbox"/> Mr – M. <input type="checkbox"/> Mrs – Mme <input type="checkbox"/> Miss – Mlle	Surname – Nom	Given names – Prénoms
Complete residence address (including postal code) – Adresse du domicile au complet (<i>y compris le code postal</i>)		Phone numbers – Numéros de téléphone Residence – Domicile
		Office – Bureau
		Cellular – Mobile
Relationship – Lien avec le militaire		Language – Langue

OR I wish that no Memorial Cross be granted.
OU Je désire qu'aucune Croix du souvenir ne soit octroyée.

Member's signature – Signature du militaire	Date
---	------