



CLB 2L

Personal Information Form

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____
MM / DD / YY

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____



Did I remember to:

- ☐ Read the form before writing.
- ☐ Print clearly.
- ☐ Put capital letters on words.
- ☐ Put correct spaces for phone number and postal code.
- ☐ Fill out everything.