



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.