

**CHILD SUPPORT RECALCULATION SERVICE REGISTRATION FORM**

(Please Print)

\_\_\_\_\_  
FULL NAME

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EMPLOYMENT**

Current Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Employer/

Place of Work: \_\_\_\_\_ Town / City: \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I appoint the Child Support Recalculation Service, for the purpose of recalculating child support, to act on my behalf in requesting and receiving financial information under *The Family Maintenance Act* and the *Child Support Guidelines Regulation*.

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Signature