

# The Carrington

A Retirement Residence

## Application for Residence

114 Whites Road, Trenton, Ontario  
Tel: 613-392-1615 Fax: 613-392-3879

Mr.  
**NAME:**  Mrs. \_\_\_\_\_  
 Miss                      First Name                      Family Name                      Initial

**PRESENT ADDRESS:**

\_\_\_\_\_ No.                      Street                      Apt. #  
\_\_\_\_\_  
City                      Province                      Postal Code  
\_\_\_\_\_  
Telephone number

**STATUS:** Single  Married  Widowed  Divorced

If married, name of spouse \_\_\_\_\_

**BIRTH PLACE:**

\_\_\_\_\_ City                      Province                      Country

**DATE OF BIRTH:** Day \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**LANGUAGE(S) SPOKEN:**

\_\_\_\_\_

**HEALTH CARD NO. :** \_\_\_\_\_ **VERSION CODE:** \_\_\_\_\_

**FINANCIAL RESPONSIBILITY:** Self  Other

If "Other" please provide us with the necessary information and instructions:

Name:	Relationship:
Address:	
Phone: Home:	Work: Other:
Comments:	

(over)

