



## REQUEST FOR WAITING LIST

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

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone/Cell #: \_\_\_\_\_

Martial Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Minister: \_\_\_\_\_

Children or Next of Kin:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Preferred Date of Occupancy: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this page to:  
United Mennonite Home  
Attn. Executive Director  
4024 Twenty-Third Street  
or Fax: (905) 562-3711  
Vineland, ON L0R 2C0

\*\* All applications will be kept on file for five years.