



**Diocese of Jamaica and the Cayman Islands**  
**Farquharson Jamaica Trust Application Form**  
**Retired Clergy / Church Army Officer**

Name .....

Age ..... Date of Birth 

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Address .....  
.....

Owned  Rented  Leased  Other .....

Phone contact: 876 ..... 876.....

Email address: .....

Spouse .....

Next of kin.....

Contact # (home) .....(mobile).....

NIS # ..... TRN # .....

Date of Retirement .....

**Last assignment before retirement:** .....

Church.....

Location.....

**FAMILY:**

No of Children ..... Ages .....

**Household** – persons who currently reside with you

Name	Age	Relationship

**SOURCE(S) OF INCOME:**

**Pension** .....

Other:

.....

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**Health Status**

Generally good health  yes  no

Health issue(s): Diabetes  Hypertension  Visual Impairment

Heart Disease  Osteoarthritis  Dementia

Other.....

Health Insurance .....

Physician.....

Clinic / Health Facility .....

**EMERGENCY CONTACT:**

Please provide the names of two (2) persons who may be contacted in the case(s) of emergency:

1. Name  
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Contact #'s (home).....(mobile) .....

2. Name:  
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Contact #'s (home) ..... (mobile).....

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**Help Requested:**

Housing Allowance

Accommodation

Provide details

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Name

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Signature

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Date

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**FOR OFFICIAL USE ONLY**

**Bishop's Instructions:**

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**Action:**

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