

# FAMILY INFORMATION

Type of application:  Visitor  Worker  Student  Other


Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

**BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.**

## SECTION A

Full name	Relationship SEE NOTE 1	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
	APPLICANT				
	SPOUSE OR COMMON-LAW PARTNER				<input type="checkbox"/> <input type="checkbox"/>
	MOTHER				<input type="checkbox"/> <input type="checkbox"/>
	FATHER				<input type="checkbox"/> <input type="checkbox"/>

**NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.**


I certify that I do not have a spouse or a common-law partner.  Signature: \_\_\_\_\_ Date: 

Year	Month	Day

## SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full name	Relationship SEE NOTE 2	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

**NOTE 2: If no children are listed in Section B, read and sign below.**

I certify that I do not have any children, either natural or adopted.  Signature: \_\_\_\_\_ Date: 

Year	Month	Day

**SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)**

Full name	Relationship	Date of birth			Marital status	Present address (If deceased give city and date)	Present occupation	Will accompany you to Canada?	
		Y	M	D				YES	NO
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

**SECTION D CERTIFICATION**

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

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

Year	Month	Day
_ _	_	_

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.