



ADDITIONAL FAMILY INFORMATION

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). If additional space is required attach a separate sheet.

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.

SECTION A

| Name | Relationship | Date of birth <small>Day Month Year</small> | Place of birth | Marital status | Present address |
|------|--|--|----------------|----------------|-----------------|
| | Applicant | | | | |
| | Spouse or common-law partner <small>SEE NOTE 1</small> | | | | |
| | Mother | | | | |
| | Father | | | | |

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, ex-spouse, or former common-law partner.

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|---|--|---------------------|----------------------|---------------------|--|--|--|--|--|
| <hr style="width: 80%; margin-left: 0;"/> | <table border="1" style="width: 100%;"><tr><td style="width: 25%;"><small>Day</small></td><td style="width: 25%;"><small>Month</small></td><td style="width: 25%;"><small>Year</small></td><td style="width: 25%;"></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Date | <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | |
| <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | | | |
| | | | | | | | | | |
| Signature | | | | | | | | | |

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

| Name | Relationship <small>SEE NOTE 2</small> | Date of birth <small>Day Month Year</small> | Place of birth | Marital status | Present address |
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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.

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| <hr style="width: 80%; margin-left: 0;"/> | <table border="1" style="width: 100%;"><tr><td style="width: 25%;"><small>Day</small></td><td style="width: 25%;"><small>Month</small></td><td style="width: 25%;"><small>Year</small></td><td style="width: 25%;"></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Date | <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | |
| <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | | | |
| | | | | | | | | | |
| Signature | | | | | | | | | |

SECTION C BROTHERS AND SISTERS (Including half - and step-brothers and sisters)

| Name | Relationship | Date of birth <small>Day Month Year</small> | Place of birth | Marital status | Present address |
|------|--------------|--|----------------|----------------|-----------------|
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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.

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|---|--|---------------------|----------------------|---------------------|--|--|--|--|--|
| <hr style="width: 80%; margin-left: 0;"/> | <table border="1" style="width: 100%;"><tr><td style="width: 25%;"><small>Day</small></td><td style="width: 25%;"><small>Month</small></td><td style="width: 25%;"><small>Year</small></td><td style="width: 25%;"></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Date | <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | |
| <small>Day</small> | <small>Month</small> | <small>Year</small> | | | | | | | |
| | | | | | | | | | |
| Signature | | | | | | | | | |

The information you provide is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as an immigrant. It will be stored in Personal Information Bank number EIC PPU 015. It is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*.

