



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

Name	Relationship SEE NOTE 1	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
	Applicant	Country of birth:		
Marital status:			Present occupation:	
	Spouse or common-law partner	Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
	Mother	Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
	Father	Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	

**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 (YYYY-MM-DD) _____

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

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	

**NOTE 2: If no children are listed in Section B, read and sign below.
I certify that I do not have any natural, adopted nor step-children.**

Signature: _____ Date (YYYY-MM-DD) _____

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

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	
		Country of birth:		<input type="checkbox"/> <input type="checkbox"/>
Marital status:			Present occupation:	

SECTION D - CERTIFICATION

I certify that the information contained in 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 (YYYY-MM-DD) _____

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*.