



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:			Present occupation:	
Marital status:				
	Spouse or common-law partner			<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				
	Mother			<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				
	Father			<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				

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
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:			Present occupation:	
Marital status:				

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
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	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) _____

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Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

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