

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 Y M D	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		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 Y M D	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		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
_____	_____	_____

