

**1. Your full name** (as shown in your passport or travel document)

Family name

Given name(s)

**2. Your sex** ☐ Male ☐ Female

**3. Your date of birth**

Year Month Day

**4. Your place of birth**

Town/City

Country

**5. Your country of citizenship**

Your country of residence

**6. Your native language**

a) If your native language is not English or French, which language do you use most frequently?

☐ English ☐ French ☐ Neither

**7. Your height**

cm OR  ft  in

**8. Colour of your eyes**

**9. Your current marital status**

☐ Never married ☐ Married ☐ Widowed ☐ Legally separated

☐ Annulled marriage ☐ Divorced ☐ Common-law

If you are married or in a common-law relationship, provide the date on which you were married or entered into the common-law relationship

Year Month Day

**10. Have you previously been married or in a common-law relationship?**

☐ No ☐ Yes ► Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.

Name of previous spouse or partner

Date of birth

Year Month Day

Type of relationship ☐ Marriage ☐ Common-law union

From  Year Month Day to  Year Month Day

**11. Your knowledge of English and French**

Can you communicate in English? ☐ Yes ☐ No

Can you communicate in French? ☐ Yes ☐ No

**12. Education**

How many years of formal education do you have?

What is your highest level of completed education?

☐ No secondary ☐ Bachelor's degree

☐ Secondary ☐ Master's degree

☐ Trade/Apprenticeship ☐ Ph D

☐ Non-university certificate/diploma

**13. Your current occupation**

**14. Your mailing address (include city and country)**

**15. Your residential address, if different from your mailing address**

**16. Your telephone numbers**

	Country code	Area code	Number
At home	( )	( )	
Alternative	( )	( )	

**17. Your e-mail address, if applicable**

By indicating your e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

**18. Details from your passport**

Passport number

Country of issue

Date of expiry

Year Month Day

**19. Your identity card number, if applicable**

**20. Where do you intend to live in Canada?**

City/Town

Province/Territory

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
<b>Family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<b>Place of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current country of residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other countries with resident status</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marital status</b> (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will accompany you to Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport details</b>			
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<b>Identity card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If your native language is not English or French, which language do you use most frequently?	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither
<b>Knowledge of English and French</b>			
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>			
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>
<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
<b>Family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<b>Place of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current country of residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other countries with resident status</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marital status</b> (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will accompany you to Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport details</b>			
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<b>Identity card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If your native language is not English or French, which language do you use most frequently?	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither
<b>Knowledge of English and French</b>			
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>			
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>	<div> <div>cm</div> <div>OR</div> <div>ft</div> <div>in</div> </div>
<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### B1. Personal details of your father

Family name

Given name(s)

Date of birth 

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Town/City of birth

Country of birth

Date of death, if deceased 

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

### B2. Personal details of your mother

Family name

Given name(s)

Date of birth 

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Town/City of birth

Country of birth

Date of death, if deceased 

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

### B3. Personal details of your brothers and sisters (Including half - and step-brothers and sisters)

Name	Relationship	Date of birth <div>Day Month Year</div>	Place of birth	Marital status	Present address
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			

### B4. Have any of your family members listed in your application for permanent residence in Canada, ever:

	YES	NO
• been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?	<input type="checkbox"/>	<input type="checkbox"/>
• previously sought refugee status in Canada or applied for a Canadian immigrant or permanent resident visa or visitor or temporary resident visa?	<input type="checkbox"/>	<input type="checkbox"/>
• been refused refugee status in, or an immigrant or permanent resident visa or visitor or temporary resident visa to, Canada or any other country, or have been refused a <i>Certificat de sélection du Québec</i> (CSQ) to Quebec?	<input type="checkbox"/>	<input type="checkbox"/>
• been refused admission to, or ordered to leave, Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
• been involved in an act of genocide, a war crime or in the commission of a crime against humanity?	<input type="checkbox"/>	<input type="checkbox"/>
• used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives?	<input type="checkbox"/>	<input type="checkbox"/>
• been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?	<input type="checkbox"/>	<input type="checkbox"/>
• been member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>
• been detained or put in jail?	<input type="checkbox"/>	<input type="checkbox"/>
• had any serious disease or physical or mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>

**C1. Do you have an offer of employment in Canada approved by Human Resources Development Canada?**

☐ No ☐ Yes

**C2. Are you currently working in Canada under a work permit?**

☐ No ☐ Yes

**C3. Language**

Which is your first Canadian official language?

☐ English ☐ French

**Your proficiency in English**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your proficiency in French**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C4. Language (continued)**

Have you taken an approved test to assess your proficiency in English or French?

☐ Yes ► Provide a copy of approved test results.

☐ No ► Provide evidence of your proficiency in Canada's official languages.

**C5. Study in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously completed a program of full-time study of at least two years at a post-secondary institution in Canada?

☐ No ☐ Yes ► ☐ You ☐ Your spouse or common-law partner

Provide evidence.

**C6. Work in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously worked full-time in Canada?

☐ No ☐ Yes ► ☐ You ☐ Your spouse or common-law partner

Provide evidence.

**C7. Do you or, if applicable, your accompanying spouse or common-law partner, have a relative living in Canada who is a citizen or a permanent resident of Canada?**

☐ No ☐ Yes ► ☐ You ☐ Your spouse or common-law partner

Relationship ☐ Mother or father ☐ Grandmother or grandfather  
☐ Daughter or son ☐ Granddaughter or grandson  
☐ Sister or brother ☐ Aunt or uncle  
☐ Niece or nephew ☐ Spouse or common-law partner

**C8. Funds**

Amount of unencumbered transferable and available funds you have, in Canadian dollars

\$cc

**E1. Education**

Give the number of years of school you successfully completed for each of the following levels of education.

Elementary/  
primary school

Secondary/  
high school

University/  
college

Trade school or other  
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued	Field of study
Y	M	Y	M				

**E2. Personal history**

Provide the details of your personal history since 10 years ago.

Start with the most recent information. Under "Activity", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, in detention, etc.).

Note: Please ensure that you do not leave any gaps in time.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
Y	M	Y	M			

**E3. Membership or association with organizations**

What organizations have you supported, been a member of or been associated with? Include any political, social, youth or student organization, trade unions and professional associations. Do not use abbreviations. Indicate the city and country where you were a member.

Write "NONE" in the box if you have not been a member of any association/organization.

From		To		Name of organization	Type of organization	Activities and/or positions held within organization	City and country
Y	M	Y	M				

**E4. Government positions**

List any government positions (such as civil servant, judge, police officer) you have held. Do not use abbreviations.

Write "NONE" in the box if you have not held any government position.

From		To		Country and level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held
Y	M	Y	M			

Provide below details of military service for each of the countries in whose armed forces you served. Write "NONE" in the box if you have not undertaken military service.

\_\_\_\_\_

[illegible]


\_\_\_\_\_

From		To		Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat
Y	M	Y	M			

[illegible]

List all addresses where you have lived since 10 years ago. Do not use P.O. box addresses.

From		To		Street and number	City or town	Province, State or District	Country
Y	M	Y	M				

					
					
					
					
					
					
					
					
					
					