



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<br>SEE NOTE 1         | Date of birth<br>(YYYY-MM-DD) | Present address<br>(if deceased: give city/town, country and date) | Will accompany<br>you to Canada?<br>YES NO        |
|-----------------|------------------------------------|-------------------------------|--|---|
|                 | Applicant                          |                               |  |   |
| Marital status: |                                    | Country of birth:             | Present occupation:  |   |
|                 | Spouse or<br>common-law<br>partner |                               |  | <input type="checkbox"/> <input type="checkbox"/> |
| Marital status: |                                    | Country of birth:             | Present occupation:  |   |
|                 | Mother                             |                               |  | <input type="checkbox"/> <input type="checkbox"/> |
| Marital status: |                                    | Country of birth:             | Present occupation:  |   |
|                 | Father                             |                               |  | <input type="checkbox"/> <input type="checkbox"/> |
| Marital status: |                                    | Country of birth:             | 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<br>SEE NOTE 2 | Date of birth<br>(YYYY-MM-DD) | Present address<br>(if deceased: give city/town, country and date) | Will accompany<br>you to Canada?<br>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:  |   |

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

**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) \_\_\_\_\_

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.

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.

Failure to complete the form in full may result in a delay or the application not being processed. *The Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the [Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank – IRCC PPU 013, 051, 068.