




ADOPTEE'S APPLICATION

PART 2

APPLICATION FOR CANADIAN CITIZENSHIP FOR A PERSON ADOPTED BY A CANADIAN CITIZEN

FOR OFFICIAL USE ONLY



Send certificate to:  <input type="checkbox"/> Canadian address <input type="checkbox"/> Visa office outside of Canada	CPC - S	SPACE RESERVED FOR APPLICANT'S PHOTO (do not staple)
<input type="checkbox"/> Return original document(s) <input type="checkbox"/> Citizenship granted <input type="checkbox"/> Citizenship refused	Receipt no.	
	Client ID	
	Certificate no.	
	OFFICE PROCESSING - PART 2	
	File no.	
	Visa office	
Signature		
Name of officer (PRINTED)		
Date (YYYY-MM-DD)	Place (city/town)	

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our website at www.cic.gc.ca.






If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

BEFORE YOU START, READ THE INSTRUCTION GUIDE

TYPE or PRINT in black or blue ink

1A Last name (surname/family name) as indicated on the adoption order	Given name(s) as indicated on the adoption order
1B I want service in <input type="checkbox"/> English <input type="checkbox"/> French Check <input type="checkbox"/> one	2 I have special needs <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain _____
3  You must receive confirmation that Part 1 (CIT 0010) was approved before submitting Part 2 (CIT 0012) of the application. What is the date on the decision letter that confirmed that at least one of the adoptive parents was a Canadian citizen? 	(YYYY-MM-DD) <input type="text"/>

4 APPLICANT'S INFORMATION

A Who is applying on behalf of the adopted person for Canadian citizenship? <input type="checkbox"/> The adoptive parent <input type="checkbox"/> The adopted person (if aged 18 years or older) <input type="checkbox"/> The legal guardian Note: Adopted persons 18 years of age or older must fill in and sign their own application.
B Name and addresses of the person applying for the adopted person's Canadian citizenship Last name (surname/family name) <input type="text"/> Given name(s) <input type="text"/>
C Residential address No. and street <input type="text"/> Apt./unit <input type="text"/> City/Town <input type="text"/> Province/Territory <input type="text"/> Postal code <input type="text"/> Country <input type="text"/>
D Mailing address (if different from section 4C) No. and street <input type="text"/> Apt./unit <input type="text"/> City/Town <input type="text"/> Province/Territory <input type="text"/> Postal code <input type="text"/> Country <input type="text"/>
E Home telephone no.  Country code <input type="text"/> Area code and no. <input type="text"/> Cellular telephone no.  Country code <input type="text"/> Area code and no. <input type="text"/>
Business telephone no.  Country code <input type="text"/> Area code and no. <input type="text"/> Facsimile no.  Country code <input type="text"/> Area code and no. <input type="text"/>
E-mail address  By indicating your e-mail address, you are hereby authorizing CIC to transmit all correspondence, including your file and personal information to this specific e-mail address.

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

(DISPONIBLE EN FRANÇAIS - CIT 0012 F)

6 DETAILS OF THE ADOPTED PERSON

[illegible]

F	Date of birth ▶	(YYYY-MM-DD)	Place of birth (city/town)	Province/Region of birth	Country of birth
G	Sex ▶	<input type="checkbox"/> Female <input type="checkbox"/> Male	H Marital status ▶	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

Country (countries) where the adopted person has citizenship	Current passport or travel document number	Date issued (YYYY-MM-DD)	Expiry date (YYYY-MM-DD)	This passport or travel document will be used to travel to Canada.		
				I don't know	No	Yes
				<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"/>

J	Details of the adopted person's biological family members
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FAMILY MEMBER

Last name (surname/family name)		Given name(s)	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (YYYY-MM-DD)	Place of birth (city/town)
Country of birth		Country of citizenship	Country of residence
Other countries with permanent resident status		Marital status	Relationship with the adopted person

FAMILY MEMBER

Last name (surname/family name)		Given name(s)	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (YYYY-MM-DD)	Place of birth (city/town)
Country of birth		Country of citizenship	Country of residence
Other countries with permanent resident status		Marital status	Relationship with the adopted person

FAMILY MEMBER

Last name (surname/family name)			Given name(s)		
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of birth (YYYY-MM-DD)		Place of birth (city/town)	
Country of birth		Country of citizenship		Country of residence	
Other countries with permanent resident status		Marital status		Relationship with the adopted person	

K	Do you know where the adopted person lives?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	► If yes, include the address:
	No. and street			

City/Town	Province/Territory	Postal code	Country		
Name of the contact person/institution					

L	The address is also required in the local language where the adopted person is living (e.g. Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code). Only if applicable.
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M	Addresses of the adopted person
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Write all addresses where the adopted person stayed or lived during the past 10 years. Do not use post office (P.O.) box addresses.

[illegible]

6 DETAILS OF THE ADOPTED PERSON (continued)**N** Personal history

Write details on what the adopted person has been doing in the past 10 years, starting with the most recent information. Please also account for the adopted person's activities since turning age 13, should this period of time be longer than the last 10 years. Do not leave gaps.

From (YYYY-MM)	To (YYYY-MM)	Activity (if applicable)	City/Town and country	Name of company, employer, school, facility, as applicable
	PRESENT			

7 DETAILS OF THE ADOPTIVE PARENT(S)**ADOPTIVE PARENT**

Last name (surname/family name)		Given name(s)	
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)			
Country of birth	Date of birth (YYYY-MM-DD)	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated

ADOPTIVE PARENT

Last name (surname/family name)		Given name(s)	
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)			
Country of birth	Date of birth (YYYY-MM-DD)	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated

8 ADOPTIVE PARENT(S) ADDRESS DETAILS (or legal guardian) if different from section 4

A Residential address					Apt./unit	
No. and street						
City/Town		Province/Territory		Postal code	Country	
B Home telephone no. ▶		Country code	Area code and no.	Cellular telephone no. ▶	Country code	Area code and no.
Business telephone no. ▶		Country code	Area code and no.	Facsimile no. ▶	Country code	Area code and no.
E-mail address ▶						

9 APPOINTMENT OF A REPRESENTATIVE

Are you appointing an individual, firm or organization as your representative? ☐ No ☐ Yes ▶ If yes, the *Use of a Representative* form (IMM 5476) must be completed and included with your application.

Name of individual who assisted in completing this application form	Name of firm, organization
Address	

Date (YYYY-MM-DD)