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# 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 Marital status: <input type="text"/>	Applicant	Country of birth:	Present occupation:	
Spouse or common-law partner Marital status: <input type="text"/>	Spouse or common-law partner	Country of birth:	Present occupation:	<input type="checkbox"/> <input type="checkbox"/>
Mother Marital status: <input type="text"/>	Mother	Country of birth:	Present occupation:	<input type="checkbox"/> <input type="checkbox"/>
Father Marital status: <input type="text"/>	Father	Country of birth:	Present occupation:	<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 (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
 Marital status: <input type="text"/>		Country of birth:	Present occupation:	<input type="checkbox"/> <input type="checkbox"/>
 Marital status: <input type="text"/>		Country of birth:	Present occupation:	<input type="checkbox"/> <input type="checkbox"/>
 Marital status: <input type="text"/>		Country of birth:	Present occupation:	<input type="checkbox"/> <input type="checkbox"/>
 Marital status: <input type="text"/>		Country of birth:	Present occupation:	<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 natural, adopted nor step-children.

Signature: \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_

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