

FAMILY INFORMATION

Type of application: Visitor Worker Student Other 旅遊簽證選 "Vi si tor"

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

出生年月日

Full name	Relationship SEE NOTE 1	Date of birth Y M D	婚姻狀態 Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Country of birth		Present occupation	
申請者姓名，英文及中文都要寫， 如： Chan, Dai Man 陳大文	APPLICANT			現居地址 現時職業	是否會同行
申請者伴侶的姓名，英中都要寫 如沒有伴侶則留空	SPOUSE OR COMMON-LAW PARTNER			現居地址 現時職業	會 不會 <input type="checkbox"/> <input type="checkbox"/>
申請者母親的姓名，英中都要寫	MOTHER			現居地址 現時職業	<input type="checkbox"/> <input type="checkbox"/>
申請者父親的姓名，英中都要寫	FATHER			現居地址 現時職業	<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: 如果沒有伴侶，則需要在此簽名 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)

子女資料

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: 如沒有子女，則需要在此簽署 Date:

Year	Month	Day

SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

兄弟姊妹資料 Full name	Relationship	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada?	
		Y M D Country of birth		Present occupation	YES	NO
		_____ _____ _____ _____ _____ _____			<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"/>
		_____ _____ _____ _____ _____ _____			<input type="checkbox"/>	<input type="checkbox"/>

SECTION D CERTIFICATION

I certify that the information contained on 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: 如果沒有兄弟姊妹，需要在此簽署 Date:

Year	Month	Day
_____	_____	_____

The information you provide on this form is collected under the authority of the Immigration and Refugee Protection Act to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the Privacy Act and the Access to Information Act.