



APPLICATION FOR PERMANENT RESIDENCE IN CANADA

Space reserved for applicant's photo

FOR OFFICE USE ONLY
Office file number (or IMM 1343 Case Label)

Date of receipt stamp at post

Category under which you are applying (see instructions)

Family class Refugees outside Canada
 Economic class Other

How many family members (including yourself) are included in this application for permanent residence in Canada?

Language you prefer for:

Correspondence: English French

Interview: English French Other

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 Day | Month | Year

4. Your place of birth Town/City
 Country

5. Your country of citizenship

6. Your native language

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 Day | Month | Year

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 Day | Month | Year

Type of relationship Marriage Common-law union

From Day | Month | Year to Day | Month | Year

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

18. Details from your passport

Passport number
 Country of issue
 Date of expiry Day | Month | Year

19. Your identity card number, if applicable

20. Where do you intend to live in Canada?

City/Town
 Province



DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Place of birth	<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"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of English and 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
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
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo