



# Application for a Search of Citizenship Records

Please PRINT in ink or TYPE

Protected when completed

1 I want service in English  OR French  Please check (✓) one

## 2 Information on the person whose record you are asking for

A Surname/Last name	Given name(s)
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B List other names used (e.g. maiden name, alias, etc.)	Date of birth Day Month Year
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C Place and country of birth	Date of entry into Canada Day Month Year
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D Name on certificate of Canadian citizenship or naturalization (if known)	Canadian citizenship certificate no. (if known)	Date certificate was issued (if known) Day Month Year
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IF the above person entered Canada before 1915, complete this section

E Father's surname/last name	Father's first name(s)
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When the father became a Canadian citizen, a) where was he living? _____ b) what was his job? _____	Father's date of birth Day Month Year
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## 3 Information on the person asking for the search

Surname/Last name	Given name(s)
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Mailing address Street no.	Street	Apt. no.
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City/Town	Province	Postal Code
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Telephone (home) Area Code	Telephone no.	Telephone (work) Area Code	Telephone no.	Extension
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## 4 Authorization for the release of information

A Are you the person named in Section 2?

Yes ➔ Go to Section 5

No ➔ Go to next question

B Does the person named in Section 2 consent to this search?

Yes ➔ I am the person named in Section 2 and I authorize the release of information to the person making this application.

Signature	Date Day Month Year
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No ➔ Go to next question

**4 Authorization for the release of information (continued)**

**C** Is the person named in Section 2 deceased?

Yes ➔ Date of death   
 

Day

Month

Year

No ➔ Go to next question

**Provide proof of death**  
(clear and legible photocopy of death certificate)

**D** What is your relationship to the person named in Section 2?

Provide proof (clear and legible photocopy of birth certificate, marriage certificate, etc.)

**5 Why do you need this information?** (to give to a foreign government, for employment, etc.)

You **must** give a valid reason(s) for requesting this information.

Signature \_\_\_\_\_ Place \_\_\_\_\_ Date 

Day

Month

Year

**REMEMBER:**  
If you are sending more than one application, send all of them together in one envelope. The applications will be processed together. Failure to include the necessary documentation (e.g. 2 pieces of identification) will result in delays in processing your application.

**FOR DEPARTMENTAL USE ONLY**

Documents:	Office	Day    Month    Year	NR	PR
	\$ .00	Receipt no.	Receipt date Day    Month    Year	