



Temporary Residents - Supplementary Information

This form must be completed in detail and submitted with your application for a Visa.
Please ensure that you have provided a written answer for all questions.

◆ **Your Full Name or File Number:** _____

① What is the purpose of your travel to the United States ? Please circle and provide details:

Visit Family, Tourism, Business, Study or Work, Refugee/ Asylum, Applying for Permanent Residence, Other:

.....

② Have you ever travelled to the United States before? **Yes** **No**

If yes, how many times?

③ If the purpose of your travel to the United States was *Visit Family/ Tourism/ Business*, where are you staying?

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④ If you have any family or relatives in the United States, how are they related to you?

son, daughter, mother, father, brother, sister, grandparent, grandchild, aunt, uncle, nephew, niece, cousin, other:

Where do they live? (City & State)

⑤ Who is travelling with you to Canada?

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⑥ List all countries where you have travelled in the past 5 years:

Country	Year	Stayed more than 6 months?	
.....	Yes	No
.....	Yes	No
.....	Yes	No
.....	Yes	No
.....	Yes	No
.....	Yes	No

⑦ What ties to your home country do you still have while you are away?

(For example: employment/ business, studies, dependent family, property, banking, or other- provide details:)

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⑧ When will you return to your home country?

Family Composition Form

This form must be fully completed. Please include details for all immediate family members.

Your Spouse (*husband, wife or common-law partner*)

Name	Date & Country of Birth	Present Residence (City & Country)	Occupation

Your Children (All sons and daughters including adopted and step-children)

Name	Male or Female	Date & Country of Birth	Present Residence (City & Country)	Marital Status	Occupation
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				

Your Parents

Name	Date & Country of Birth	Present Residence (City & Country)	Occupation

Your Brothers and Sisters (*All siblings including half and step-brothers and sisters*)

Name	Male or Female	Date & Country of Birth	Present Residence (City & Country)	Marital Status	Occupation
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				

Have you or any member of your immediate family (*parent, brother/ sister, child*) ever been a member of the armed forces (active or former), security services, militias, armed opposition group, senior official of the government, Minister or Vice Minister of government, a military officer or the rank of General or above, or any representative at the national level of government?

Circle one: **Yes** **No**