



Client ID no.	Family name (Surname)	Given name(s)
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**FAMILY MEMBERS**

- 16** List the following members of your family:
- Spouse, common-law or same-sex partner
  - Children, including those born outside of marriage and adopted children

	SPOUSE/COMMON-LAW/ SAME SEX PARTNER	CHILD	CHILD
Family name (Surname)	<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
Marital status (use one of the categories from question 12)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year
City/Village of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of last permanent residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applying or has applied for refugee status in 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
Lives in 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
Accompanying 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
Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Included in this form	<input type="checkbox"/> Included in this form	<input type="checkbox"/> Included in this form
For office use only (ID)	<input type="text"/>	<input type="text"/>	<input type="text"/>

	CHILD	CHILD	CHILD
Family name (Surname)	<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
Marital status (use one of the categories from question 12)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year	<input style="width: 100px; font-size: small; text-align: center;" type="text"/> Day    Month    Year
City/Village of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of last permanent residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applying or has applied for refugee status in 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
Lives in 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
Accompanying 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
Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Included in this form	<input type="checkbox"/> Included in this form	<input type="checkbox"/> Included in this form
For office use only (ID)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client ID no.	Family name (Surname)	Given name(s)
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**PARENTS**

**17** Provide the following details about each of your parents.

	FATHER	MOTHER												
Family name (Surname)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/> (include maiden name)												
Given name(s)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Date of birth	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _
Day	Month	Year												
_	_	_ _												
Day	Month	Year												
_	_	_ _												
City/Village of birth	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Country of birth	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Date of death (if deceased)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _
Day	Month	Year												
_	_	_ _												
Day	Month	Year												
_	_	_ _												
Address	Current address No. and street City/Village Province/State/District Country	Current address (if different from your father) No. and street City/Village Province/State/District Country												
For office use only (ID)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												

**SIBLING(S) (question to be completed only by unaccompanied minors)**

**18** Provide the following details about each of your sibling(s)

	SIBLING	SIBLING												
Family name (Surname)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Given name(s)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Date of birth	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _
Day	Month	Year												
_	_	_ _												
Day	Month	Year												
_	_	_ _												
Current address	No. and street City/Village Province/State/District Country	No. and street City/Village Province/State/District Country												
For office use only (ID)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												

	SIBLING	SIBLING												
Family name (Surname)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Given name(s)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												
Date of birth	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_	_	_ _
Day	Month	Year												
_	_	_ _												
Day	Month	Year												
_	_	_ _												
Current address	No. and street City/Village Province/State/District Country	No. and street City/Village Province/State/District Country												
For office use only (ID)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>												



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**TRIP TO CANADA**

**21** List the exact route of your journey to Canada starting with the departure from your country of citizenship, country of last permanent residence or former habitual residence and ending with your arrival in Canada.

Departure date D M Y	City, country	Mode of transportation	Details	Arrival date D M Y	City, country

**22** Indicate the name, citizenship, distinguishing features, address and phone number of any person(s) who facilitated your journey to Canada (i.e. travel agents, immigration consultants, etc.) and indicate the type of assistance and amount paid.

Name, citizenship and distinguishing features (tattoos, scars, etc.)	Address and telephone numbers	Type of assistance	Amount paid

**EDUCATION**

**23** List all of your **post secondary academic programs or training** beginning with the most recent. For each one, indicate whether you received a certificate or diploma.

Dates		Name of institution	City, country	Field of study	Certificate or diploma obtained
FROM	TO				
Month	Year	Month	Year		

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**FOR OFFICE USE ONLY (EDUCATION)**

Dates		Name of institution	City, country	Field of study	Certificate or diploma
FROM	TO				
Month	Year	Month	Year		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		

**OCCUPATIONS**

**24** List all occupations you have held during the last 10 years, **beginning with the most recent.**

- Include full-time, part-time and temporary jobs, and self-employment.
- Include any other use of your time, for example: unemployment, study, travel, stays in hospitals or prisons and periods spent at home as a homemaker.
- **Do not exclude any period of time during the last 10 years.**

Dates		Name of employer	City, country	Occupation
FROM	TO			
Month	Year	Month	Year	
_	_	_	_	
_	_	_	_	
_	_	_	_	
_	_	_	_	
_	_	_	_	

**ADDRESSES**

**25** List all addresses where you have lived during the last 10 years, beginning with the most recent address in Canada.

- Do not forget the street, village or city, province or region and country. If you do not know the number, clearly indicate the location of the lodgings, home or building.
- **Do not exclude any period of time during the past 10 years.**

Dates		No. and street	City/Town (or nearest municipality)	Province/State/District	Country
FROM	TO				
Month	Year	Month	Year		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		

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**FOR OFFICE USE ONLY (ADDRESSES)**

Dates		No. and street	City/Town (or nearest municipality)	Province/State/District	Country
FROM	TO				
Month	Year	Month	Year		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		

**MEMBERSHIP IN ORGANIZATIONS**

**26** Have you ever been a member or supporter of an organization?  Yes  No

If yes, list any organizations in which you have been a member or with which you have been associated or have supported, including political, religious, social, youth, student or vocational organizations such as trade unions and professional associations.

Dates		Name of the organization	Address of organization	Type of organization	Activities or positions held
FROM	TO				
Month	Year	Month	Year		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		
_	_	_	_		

**GOVERNMENT POSITIONS**

**27** Have you ever held any government positions (such as civil servant, judge, police officer, etc)?  Yes  No

If yes, list all government positions you have held.

Dates		Level of jurisdiction (national, provincial, regional, municipal, etc.)	Department/Branch	Activities or positions held
FROM	TO			
Month	Year	Month	Year	
_	_	_	_	
_	_	_	_	
_	_	_	_	
_	_	_	_	
_	_	_	_	

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**MILITARY SERVICE**

**28** Have you or your accompanying minors performed any military or paramilitary service or training? ▶  Yes  No

If yes, was your military or paramilitary service or training compulsory? ▶  Yes  No

Dates		Who performed the military or paramilitary service? (if accompanying minor, state name)		Rank(s)	Date(s) and place(s) of any active combat	Unit number(s) and name(s) of your commanding officer(s)
FROM	TO	YOU	Accompanying minor			
Month	Year	Month	Year	NAME		
_ _	_ _	<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"/>			

**PREVIOUS CLAIM(S) FOR REFUGEE PROTECTION**

**29** Have you or any of your family members made previous claims for refugee protection:

A. In Canada or at a Canadian visa office abroad? ▶  YES  NO

B. In any other country or countries? ▶  YES  NO

C. With the United Nations High Commissioner for Refugees (UNHCR)? ▶  YES  NO

If yes, complete the following:

Date	Who claimed refugee status? (if family member, state name)		Refugee claim made in which country	Was refugee status obtained?	
	YOU	Family member		YES	NO
Day	Month	Year	NAME		
_	_	_ _		<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"/>

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**BASIC INFORMATION**

<b>30</b>	How much money do you have in your possession?  _____				
				YES	NO
<b>31</b>	Are you or your accompanying minors able to pay for health care?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>32</b>	Do you or your accompanying minors have any health problems?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>33</b>	Have you or your accompanying minors ever applied for a permanent resident (immigrant) visa or a temporary resident (visitor, worker, student) visa for Canada or another country before?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>34</b>	Have you or your accompanying minors ever been refused a permanent resident (immigrant) visa or a temporary resident (visitor) visa for Canada or another country?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>35</b>	Have you or your accompanying minors ever been refused admission to Canada or another country, or have you ever been ordered to leave Canada or another country?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>36</b>	Have you or your accompanying minors:				
	A. Ever committed a crime or an offence in Canada or another country?		<input type="checkbox"/>	<input type="checkbox"/>	
	B. Ever been charged with a crime or an offence in Canada or another country?		<input type="checkbox"/>	<input type="checkbox"/>	
	C. Ever been convicted of a crime or an offence in Canada or another country?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>37</b>	Have you or your accompanying minors:				
	A. Ever been sought by the police, the army or any other authority?		<input type="checkbox"/>	<input type="checkbox"/>	
	B. Ever been arrested by the police, the army or any other authority?		<input type="checkbox"/>	<input type="checkbox"/>	
	C. Ever been detained by the police, the army or any other authority?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>38</b>	Have you or your accompanying minors ever been involved in criminal activities that involve crossing at least one national border (migrant smuggling, human and/or drug trafficking, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>39</b>	Have you or your accompanying minors ever been involved in:				
	A. An act of genocide (acts committed with the intention of destroying a group)?		<input type="checkbox"/>	<input type="checkbox"/>	
	B. A war crime (ill treatment of civilians in occupied territories, torture, execution of prisoners of war, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	
	C. A crime against humanity (murder, extermination, slavery, deportation, imprisonment, torture, sexual violence, persecution or other inhumane act committed against a civilian population)?		<input type="checkbox"/>	<input type="checkbox"/>	
<b>40</b>	Have you or your accompanying minors ever used, planned or advocated the use of armed struggle or violence (attacks, hostage taking, etc.) to reach political, religious or ideological objectives?		<input type="checkbox"/>	<input type="checkbox"/>	

**IMPORTANT:** For any question to which you answered "yes", please provide details.

Question no.	Explanations

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**CLAIM FOR REFUGEE PROTECTION**

**41** In which country(ies) do you fear persecution?

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**42** Who are you afraid of if you were to return to your country?

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**43** Why are you asking for Canada's protection?  
Please keep your answer short. You will have the opportunity to explain all the facts related to your claim to the Immigration and Refugee Board of Canada.

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**THIRD PARTY DECLARATION**

Did someone assist you in filling out this form? If yes, this person needs to sign the following declaration.

I, (print full name clearly) \_\_\_\_\_, do solemnly declare that I have assisted in the accurate completion of this form to the person concerned. I have been informed by the person concerned, and I do believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**I AM**  NGO  Lawyer  Consultant  Friend  Other (specify)  \_\_\_\_\_

**Address**  
No. and street \_\_\_\_\_ Apt. no. \_\_\_\_\_

City/Village \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

Day	Month	Year

\_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT**  
THE FOLLOWING SECTION MUST BE SIGNED IN FRONT OF AN OFFICIAL OF THE GOVERNMENT OF CANADA.

**YOUR DECLARATION**

I, (print full name clearly) \_\_\_\_\_, do solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.

I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.

I will immediately inform Citizenship and Immigration Canada and/or the Canada Border Services Agency if any of the information or the answers provided on this form change.

\_\_\_\_\_ Signature of applicant \_\_\_\_\_

Declared before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Signature of the official of the Government of Canada \_\_\_\_\_

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your admissibility to Canada and eligibility to make a refugee claim according to the requirements of the Act. This information will be retained in the Personal Information Bank CIC PPU 009 entitled Refugee Claim in Canada Case File. This information may be shared with other organizations such as the Canadian Security Intelligence Service (CSIS), Royal Canadian Mounted Police (RCMP), the Immigration and Refugee Board of Canada (IRB) and the Canada Border Services Agency (CBSA) in accordance with the consistent use of information under the *Privacy Act* for the purpose of assessing your admissibility to Canada and eligibility of your refugee claim. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Canada offices.