



# APPLICATION FOR PERMANENT RESIDENCE IN CANADA

Space reserved for applicant's photo

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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

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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](http://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
<b>Family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	<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
<b>Place of birth</b>	<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"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current country of residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other countries with resident status</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marital status</b> (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will accompany you to Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport details</b>	<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
<b>Identity card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Knowledge of English and French</b>	<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
<b>Education</b>	<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"/>
<b>Current occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<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
<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Photos</b>	<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