

APPLICATION FOR PERMANENT RESIDENCE IN CANADA

BEFORE YOU START, READ THE INSTRUCTION GUIDE  
TYPE or PRINT in black ink

Category under which you are applying (see instructions)

Economic Classes

☐ Federal Skilled Worker

☐ Canadian Experience

Other

☐ Family Class

☐ Refugee Class

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

Visa Office requested for the process of your application:

Space reserved for applicant's photo

FOR OFFICE USE ONLY

Office file number (or IMM 1343 Case Label)

Date of receipt stamp at post

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

Year

Month

Day

4. Your place of birth

Town/City

Country

5. Your country of citizenship

Your country of residence

6. Your native language

a) If your native language is not English or French, which language do you use most frequently?

☐ English

☐ French

☐ Neither

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

Year

Month

Day

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

Year

Month

Day

Type of relationship

☐ Marriage

☐ Common-law union

From

Year

Month

Day

to

Year

Month

Day

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

☐ Secondary

☐ Trade/Apprenticeship

☐ Non-university certificate/diploma

☐ Bachelor's degree

☐ Master's degree

☐ Ph D

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

By indicating your e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

18. Details from your passport

Passport number

Country of issue

Date of expiry

Year

Month

Day

19. Your identity card number, if applicable

20. Where do you intend to live in Canada?

City/Town

Province/Territory

## 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>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<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>			
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	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>
<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"/>
If your native language is not English or French, which language do you use most frequently?	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither
<b>Knowledge of English and French</b>			
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>			
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 <b>OR</b> <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm <b>OR</b> <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>			
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	<div>Space reserved for family member's photo</div>	<div>Space reserved for family member's photo</div>	<div>Space reserved for family member's photo</div>