BOHBOT & ASSOCIATES

Canadien Immigration and citizenship lawyers

Application for Selection Certificate ☐
Dependent Child Aged 18 or Over

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1. Identification

Family name at birth:

First name:

Other names that you have used or by which you are known, including maiden name:

Sex: F ☐ M ☐

Date of birth
year   month   day

Place of birth
City

Province / State

Country

Citizenship

Passport or identity card number

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2. Present marital status *(Notify us immediately if your status changes.)*

Single ☐   Married ☐   De facto spouse ☐   Separated ☐   Divorced ☐   Marriage annulled ☐   Widowed ☐

Have you been married more than once?   Yes ☐   No ☐

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3. Residence address

Number   Street   City   Province / State   Postal code   Country

Mailing address, if different

Telephone no.

Home   Work   E-mail address   Other *(specify)*

Fax no.

Home   Work   Other *(specify)*

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4. Dependent children accompanying you, if applicable.
(See the instructions on the detachable page for the definition of a dependent child.)

Family name at birth	First name	Relationship	Date of birth year	month	day	Place and country of birth

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5. Address of your dependent children *(if different from your permanent address)*

Number   Street   City   Country   Telephone no.   Fax no.

6. Have you ever applied:

For a temporary stay in Canada?　No ☐　Yes ☐　Province: _____　Date: _____
　　Accepted ☐　　　Denied ☐　　　Waiting for a decision ☐

To immigrate to Canada?　No ☐　Yes ☐　Province: _____　Date: _____
　　Accepted ☐　　　Denied ☐　　　Waiting for a decision ☐

For refugee status in Canada?　No ☐　Yes ☐　Province: _____　Date: _____
　　Accepted ☐　　　Denied ☐　　　Waiting for a decision ☐

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7. List every place where you have lived in the past ten years: *(Use a separate sheet if necessary.)*

Length of time				City	Province / State	Country
From year	month	To year	month			

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8. Education *(Start with your most recent diploma):*

From year	month	To year	month	Name of institution / Country	Name of diploma *(if none, see instructions)*	Specialization	Primary language of education

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9. Employment during the past ten years, including military service *(Start with your most recent job):*
(Use a separate sheet if necessary.)

From year	month	To year	month	Name of enterprise and country *(including your own, if applicable)* *(Enter full name - no abbreviations.)*	Job title	No. of hours worked per week

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10. Language skills:

	None	Beginner				Intermediate				Advanced			
	0	1	2	3	4	5	6	7	8	9	10	11	12

French:
- Understand spoken: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- Ability to speak: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

English:
- Understand spoken: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- Ability to speak: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐