



APPLICATION FOR A PROTECTED PERSON STATUS DOCUMENT

For office use only
Client ID Number

Your full name

Family name

Given name(s)

I want service in English French

1. Other names you are or have been using
(including name at birth, previous married names, aliases)

2. Your date of birth

Day	Month	Year

3. Place of Birth

Town/City

Country

4. Your country of citizenship

5. Your country of last permanent residence

6. Your sex

Male Female

7. Your height

cm OR ft in

8. Your eye colour

9. Your current marital status

Never married Married Widowed
 Legally separated Divorced

If you are married, date of your marriage

Day	Month	Year

10. Your mailing address

No. and street

Apt. number City

Province Postal Code

11. Your residential address, if different from your mailing address

No. and street

Apt. number City

Province Postal Code

12. Your telephone numbers

Area code	Number
<input type="text"/>	<input type="text"/>
At home	<input type="text"/>
Alternative	<input type="text"/>

13. Determination of protected person status (or Convention refugee status)

Date of determination

Day	Month	Year

City

Province

14. Are you physically present in Canada?

Yes No

15. Have you applied for permanent residence in Canada after you were determined to be a protected person?

Yes No If yes, on what date did you apply?

Day	Month	Year

16. Has your or a family member's status in Canada as a protected person been revoked?

Yes No

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

17. Your family members who also require a Protected Person Status Document

For office use only client ID numbers			
	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>
Place of birth	Town/City <input type="text"/>	<input type="text"/>	<input type="text"/>
	Country <input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of last permanent residence	<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
Height	<input type="text" value="cm"/> OR <input type="text" value="ft"/> <input type="text" value="in"/>	<input type="text" value="cm"/> OR <input type="text" value="ft"/> <input type="text" value="in"/>	<input type="text" value="cm"/> OR <input type="text" value="ft"/> <input type="text" value="in"/>
Eye colour	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is your family member physically present 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

Authority to release information

I give consent to release all information to the following person:

Name of individual

Name of firm

Do you want all documents and correspondence mailed to this address? Yes No

Address of representative

Address (No. & street)		Apt./Suite no.
City	Province	Postal code
Telephone Area Code Number <input type="text"/> (<input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		

Declaration

This declaration covers the information I have provided on this application form and the accompanying documents.

- I declare that the information I have given is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact 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 the Citizenship and Immigration Canada if any of the information or the answers provided in my application forms change.

Signature

Date

Declaration of Interpreter

I have faithfully and accurately interpreted in (the language) the complete contents of this application.

Name

Relationship to applicant

Place signed

Signature of interpreter

Date

THE INFORMATION YOU PROVIDE ON THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE IMMIGRATION AND REFUGEE PROTECTION ACT TO ASSESS YOUR REQUEST FOR A PROTECTED PERSON STATUS DOCUMENT. THIS INFORMATION WILL BE STORED IN PERSONAL INFORMATION BANK CIC PPU 066. IT IS PROTECTED AND YOU HAVE THE RIGHT OF ACCESS TO IT UNDER THE PRIVACY ACT.