

IMM5645 Family Information form Guide

At the top of the form choose 'worker' as you are applying for a work permit.



Citizenship and Immigration Canada Citoyenneté et Immigration Canada

FAMILY INFORMATION

Type of application: Visitor Worker Student Other

Fill out each section for each person in your family regardless if they are coming to Canada with you or not. Enter your name as it appears on your passport. Enter full addresses including House number/name, Street, Town, Country.

If a family member is deceased, please enter their name, date of birth, place of birth, marital status. Under the address section type 'deceased' and their last place of residence eg. Deceased, Dublin, Ireland.

Section A

Full name	Relationship SEE NOTE 1	Date of birth Y M D			Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Country of birth				Present occupation	
John Murphy	APPLICANT	1985	09	09	Single	1 Drumcondra Park, Drumcondra, Dublin 3, Ireland	
		Ireland				Retail Manager	

Spouse or Common-Law Partner

If you have a spouse or common-law partner enter their details here and click into the box to mark if they will accompany you to Canada.

Rachel O'Brien	SPOUSE OR COMMON-LAW PARTNER	1986	01	10	Common-Law	1 Drumcondra Park, Drumcondra, Dublin 3, Ireland	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Ireland				n/a	

If you do not have a spouse type n/a in the fields.

n/a	SPOUSE OR COMMON-LAW PARTNER	n/a			n/a	n/a	<input type="checkbox"/> <input checked="" type="checkbox"/>
		n/a				n/a	

Enter the details for your Mother and Father.

Ann Murphy	MOTHER	1956	04	11	Married	50 Castle Ave, Clontarf, Dublin 3, Ireland	<input type="checkbox"/> <input checked="" type="checkbox"/>
		Ireland				Teacher	
Joseph Murphy	FATHER	1953	06	28	Married	50 Castle Ave, Clontarf, Dublin 3, Ireland	<input type="checkbox"/> <input checked="" type="checkbox"/>
		Ireland				Accounts Manager	

Only sign section A if you do not have a spouse

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner. ►

Signature: _____

Date:

Year	Month	Day
_	_	_

Section B – Children

SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full name	Relationship SEE NOTE 2	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
		_ _ _ _ _ _			<input type="checkbox"/> <input type="checkbox"/>

If you have children enter their details here and mark in the box if they will accompany you to Canada or not.

Only sign section B if you do not have any children

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either natural or adopted. ►

Signature: _____

Date:

Year	Month	Day
_	_	_

Section C

Everyone must fill out Section C, enter your siblings details and tick to say if they will be accompanying you to Canada.

SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Full name	Relationship	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
Daniel Murphy	Brother	1983 05 01 _ _ _ _ _ Ireland	Single	Apt 30, Chancellor House, IFSC, Dublin 1, Ireland Bank clerk	<input type="checkbox"/> <input checked="" type="checkbox"/>
Sarah Murphy	Sister	1990 07 23 _ _ _ _ _ Ireland	Single	50 Castle Ave, Clontarf, Dublin 3 Student	<input type="checkbox"/> <input checked="" type="checkbox"/>

Everyone must sign Section C

SECTION D CERTIFICATION

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

► Signature: _____

Date:

Year	Month	Day
_	_	_

Print this form, sign it and scan the form and save to your computer.