



# 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)

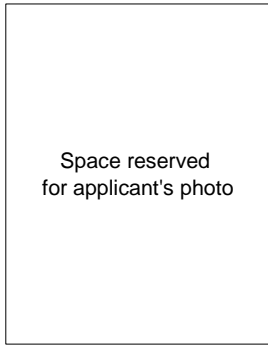
Family class     Refugees outside Canada  
 Economic class     Canadian Experience Class  
 Federal Skilled Worker Class    Other

How many family members (including yourself) are included in this application for permanent residence in Canada?

Language you prefer for:

Correspondence:  English     French  
 Interview:  English     French    Other

Visa Office requested for the process of your application:



**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**

**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     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**

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>	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
<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"/>
<b>Date of expiry</b>	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
<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	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo