



# APPLICATION FOR PERMANENT RESIDENCE FROM WITHIN CANADA - HUMANITARIAN AND COMPASSIONATE CONSIDERATIONS

**Important:** This form must be completed by the principal applicant and all of his or her family members 18 years of age or older, who are in Canada but are not Canadian citizens or permanent residents.

**Family members who are not listed on your application will not be able to be sponsored by you at a later date. Therefore you must list all family members, whether or not they wish to be considered for permanent residence.**

Space reserved for applicant's photo

FOR OFFICIAL USE ONLY			
<b>RPRF</b>			
Amount paid	Date Day   Month   Year		
Initials:			
Client file number:			
Processing fees for family members <input type="checkbox"/> Paid <input type="checkbox"/> Not paid			
Client ID number:			

## A - APPLICANT INFORMATION

**1. Indicate whether you are**

The principal applicant  The dependent child aged 18 years or older of the principal applicant

The spouse or common-law partner of the principal applicant

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

**Languages:**

English:  Speak  Read  Write Native language

French:  Speak  Read  Write

**Language you prefer for:**

Correspondence:  English  French

Interview (if applicable):  English  French  Other

**2. Your full name** (print your name as it appears on your passport, or on your travel document or other valid identity document. Do not use initials; print names in full.)

Family name

Given name(s)

**All other names** (include birth name, maiden, previous married name(s), aliases and nicknames)

Family name

Given name(s)

**3. Your sex**  Male  Female

**4. Your height**  cm OR  ft  in

**5. Colour of your eyes**

**6. Your date of birth**

**Your place of birth**

Town/City

Province

Country

**7. Your country(ies) of citizenship**

1)

2)

**8. Country of last permanent residence** (This is the country where you last lived on a legal permanent basis. It is not a country where you had a temporary status, such as foreign student or worker.)

**9. Last time you entered Canada**

Date

Place

**10. Your current marital status**

Never married  Married  Widowed

Legally separated  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.

**11. Your intended occupation** (print the name of the occupation you think you will work in if you become a permanent resident. If you do not intend to work, print what you will be doing e.g., homemaker, student, retiree.)

**12. Your mailing address**

Street and no.

City  Province

Country  Postal code

**13. Your residential address, if different from your mailing address**

Street and no.

City  Province

Country  Postal code

**14. Your telephone numbers**

At home

Alternative (for messages)

Fax

**15. Details from your passport  or from your travel document**   
(Check the box that describes your document. For example: a travel document is the document that allowed you to travel to Canada and recognizes your right to re-enter the country that issued the document.)

Other  Specify

Passport/Travel document number

Country of issue

Date of issue

Date of expiry



**B - FAMILY MEMBERS IN CANADA****You must include:**

- your spouse or common-law partner
- all of your dependent children
- all of the dependent children of your spouse or common-law partner

**Do not include your sponsor and family members who are:**

- Canadian citizens
- permanent residents of Canada

If you have more than three family members, photocopy this page before you start 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.

**Important:** Family members who are not listed on your application will **not** be able to be sponsored by you at a later date. Therefore you must list all family members, whether they wish to be considered in your application for permanent residence at this time or not.

	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>Date of birth</b>	<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"/>
<b>Country of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Seeking permanent residence</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>Type of dependent child (if applicable)</b> See Appendix A for details.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<b>Passport details</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>			
<b>Travel document details</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Passport/Travel document number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of issue</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of issue</b>	<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"/>
<b>Date of expiry</b>	<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"/>
<b>Client ID number (if applicable)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Language</b>			
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
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>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>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>Photos (passport size)</b>	<div style="border: 1px solid black; padding: 20px; text-align: center;">Space reserved for family member's photo</div>	<div style="border: 1px solid black; padding: 20px; text-align: center;">Space reserved for family member's photo</div>	<div style="border: 1px solid black; padding: 20px; text-align: center;">Space reserved for family member's photo</div>

**C - FAMILY MEMBERS LIVING OUTSIDE OF CANADA****You must include:**

- your spouse or common-law partner
- all of your dependent children
- all of the dependent children of your spouse or common-law partner

**Do not include family members who are:**

- Canadian citizens
- permanent residents of Canada

If you have more than three family members, photocopy this page before you start 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.

**Important:** Although your family members living outside of Canada cannot be processed for permanent residence as part of your application, they must be listed below. Family members who are not listed on your application will **not** be able to be sponsored by you at a later date.

	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>Date of birth</b>	<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"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Type of dependent child (if applicable)</b> See Appendix A for details.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<b>Passport details</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>			
<b>Travel document details</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Passport/Travel document number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of issue</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of issue</b>	<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"/>
<b>Date of expiry</b>	<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"/>
<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>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>Name of guardian (where applicable)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address of family member, guardian or dependent child</b>			
<b>No. and street</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Postal code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Telephone number at home</b>	Country code    Area code    Number (    ) (    )	Country code    Area code    Number (    ) (    )	Country code    Area code    Number (    ) (    )
<b>Alternative telephone number (for messages)</b>	(    ) (    )	(    ) (    )	(    ) (    )





**20. Personal details of your father**

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Town/City of birth	<input type="text"/>
Country of birth	<input type="text"/>
Date of death, if deceased	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

**21. Personal details of your mother**

Family name at birth	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Town/City of birth	<input type="text"/>
Country of birth	<input type="text"/>
Date of death, if deceased	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

**22. Have you or any of your family members listed in your application for permanent residence in Canada or abroad ever:**

	YES	NO
a) been convicted of a crime or offence in Canada for which a pardon has not been granted under the <i>Criminal Records Act of Canada</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
b) been convicted of a crime or offence in another country?	<input type="checkbox"/>	<input type="checkbox"/>
c) been charged or may be charged for a crime or offence in Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
d) had or still have any serious disease or mental or physical disorder?	<input type="checkbox"/>	<input type="checkbox"/>
e) been refused a temporary or permanent resident visa to Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
f) been refused entry to, or ordered to leave Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
g) in periods of either peace or war, been involved in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians?	<input type="checkbox"/>	<input type="checkbox"/>
h) used, planned or advocated, or been associated with a group that used, uses, advocated or advocates, the use of armed struggle or violence	<input type="checkbox"/>	<input type="checkbox"/>
i) been detained or incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of these questions is YES, please provide details below. You may have an inadmissibility that could prevent you from obtaining permanent resident status. If you are seeking an exemption to overcome an inadmissibility, you must make that clear in your application, and provide reasons and, if applicable, supporting documents.

**NOTE:** The information you provide should not be limited by the space allowed to answer a question. If you need more space, attach another sheet of paper. Indicate the number of the question you are answering.

**23. Declaration**

- I declare that the information I have given in this application is truthful, complete and correct.
- This declaration covers the information I have provided on this form and all the information submitted in my application for permanent residence, as well as in the attached accompanying documents.
- I understand that any false statements or concealment of a material fact may result in the refusal of my application and may be grounds for my prosecution or removal from Canada.
- I understand that the Canadian Government will contact on my behalf any government authority, including police, judicial and state authorities in all countries in which I have resided, to obtain all records and information that they may possess on my behalf concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in evaluating whether or not I am admissible to Canada, pursuant to the *Immigration and Refugee Protection Act*.
- Should my answers to any of the questions on this application form change at any time prior to my being granted permanent resident status in Canada, I will report these changes to a Canada Immigration Centre or Call Centre.
- I understand all the above statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature	<input type="text"/>
Date	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

**WARNING:** It is an offence under Section 127 of the *Immigration and Refugee Protection Act* to knowingly make a false statement on this form.

The information you provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing Humanitarian and Compassionate cases according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 042. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**