



# IN-CANADA APPLICATION FOR PERMANENT RESIDENT STATUS

**Important:** The principal applicant and all family members in Canada 18 years of age or older, who are not Canadian citizens or permanent residents, must complete this form along with Schedule 1 - Background / Declaration (which must be signed).

**Note:** If you are applying under the permit holder class, only you and your family members who will be submitting their own applications must complete this form along with Schedule 1 - Background / Declaration. Schedule 1 - Background / Declaration must also be completed by your other family members 18 years of age or older.

## A - APPLICANT INFORMATION

### 1. Category under which you are applying

- Spouse or common-law partner in Canada Class     Permit Holder Class  
 Live-in caregiver in Canada Class     Family member 18 years or older of the above

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

### Languages

- English:  Speak    Read    Write  
 French:  Speak    Read    Write

Native language

### Language you prefer for:

Correspondence:  English    French

Interview:  English    French    Other

### 2. Your full name (as shown in your passport or travel document)

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     Day    Month    Year

Your place of birth    Town/City

Province

Country

7. Your country(ies) of citizenship    1)

2)

8. Country of last permanent residence

9. Last time you entered Canada    Date     Day    Month    Year

Place

### 10. 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     Day    Month    Year

Space reserved for applicant's photo

FOR OFFICIAL USE ONLY	
RPRF	
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	

### 11. 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     PhD  
 Non-university certificate/diploma

### 12. Your intended occupation

### 13. Your mailing address

Street and no.

City  Province

Country  Postal code

### 14. Your residential address, if different from your mailing address

Street and no.

City  Province

Country  Postal code

### 15. Your telephone numbers

	Area code	Number
At home	(    )	<input type="text"/>
Alternative (for messages)	(    )	<input type="text"/>
Fax	(    )	<input type="text"/>

### 16. Details from your passport or from your travel document

Other  Specify

Passport/Travel document number

Country of issue

Date of issue     Day    Month    Year

Date of expiry     Day    Month    Year



**B - MY FAMILY MEMBERS IN CANADA**

You must include your spouse or common-law partner and all of your dependent children, and those of your spouse or common-law partner. Do not include permanent residents or citizens 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.

	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"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> 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
Members of the Permit Holder Class: Your family members are required to submit separate applications if they are seeking permanent residence.			
<b>Type of dependent child</b>	<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"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
<b>Date of expiry</b>	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
<b>Client ID 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>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>Photos</b>			
Photos must have been taken within the past six months and must be identified by writing the family member's name, date of birth, height and eye colour on the back of the photo. (See appendix D for photo instructions)	<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 - MY FAMILY MEMBERS LIVING OUTSIDE OF CANADA**

**You must include your spouse or common-law partner and all of your dependent children, and those of your spouse or common-law partner. Do not include permanent residents or citizens 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.

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<b>Seeking permanent residence</b> Members of the Permit Holder Class: Check "no". Your family members outside Canada are not eligible for permanent residence in this class.	<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</b>	<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																											
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<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
<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>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
<b>No. and street</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
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<b>Postal code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
<b>Telephone number at home</b>	<table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table>	Country code	Area code	Number	( )	( )		<table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table>	Country code	Area code	Number	( )	( )		<table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table>	Country code	Area code	Number	( )	( )										
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**7. MY EDUCATION** Indicate the number of years you have successfully completed at each level.

Years of elementary/ primary school ▶	Years of secondary/ high school ▶	Years of university/ college ▶	Years of formal apprenticeship/training ▶
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**MY POST SECONDARY EDUCATION** Print the information requested for each course of instruction you have completed since secondary school. Begin with the most recent course completed.

From M   Y	To M   Y	Name of Institution (including apprenticeship/training)	City/Province/State/Country	Type of certificate or diploma issued

**8. My work activity for the past 10 years**

Are you employed?  Yes  No ▶ Are you receiving social assistance?  Yes (provide details)  No ▶ How are you supporting yourself? Be specific.

You must account for all your time for the past ten years. Start with your most recent job. Any jobs in Canada should be listed first. Then, list your jobs in other countries. If you were unemployed, you must list that period of time. **Your forms will be returned if there is any period of time that you do not list where you worked, or if you were unemployed or attending school.**

From M   Y	To M   Y	Name of company/employer where I worked. If self-employed, write "self-employed"; if unemployed, write "unemployed" (write name in full, do not use abbreviations)	City/Province/State/Country	My occupation (or "unemployed")

**9. Addresses of the places where I have lived for the past 10 years**

Print the information requested for each address you have had in the past ten years. Begin with your most recent address. You must put down every address no matter how short a period of time you stayed there. Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses. If no street number, explain why.

From M   Y	To M   Y	Street and number (do not use P.O. Box address)	City or town	Province, state or district	Country

