

**FAMILY INFORMATION**

Type of application:  Visitor  Worker  Student  Other

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include ALL family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

**BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.**

**SECTION A**

Full name 姓名	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	
申請者	APPLICANT	生年月日 出生国	婚姻状況	現住所(死亡している場合、その都市名と日付) 現職	
配偶者/内縁者	SPOUSE OR COMMON-LAW PARTNER				申請者に同行しますか <input type="checkbox"/> YES <input type="checkbox"/> NO
母親	MOTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO
父親	FATHER				<input type="checkbox"/> YES <input type="checkbox"/> NO

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

配偶者や内縁関係のパートナーがいない方は下記を一読し、サインをしてください

I certify that I do not have a spouse or a common-law partner.  私に配偶者や内縁関係のパートナーがいないことを証明します

Signature: サイン

Date: Year Month Day

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

Full name 全てのの子供(息子、娘、 養子、義理の子供)の姓名	Relationship SEE NOTE 2 関係	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	
		生年月日 出生国	婚姻状況	現住所 現職	申請者に同行しますか <input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

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

お子さんがいない場合は下記を一読し、サインしてください

I certify that I do not have any children, either natural or adopted.  私は子供(養子を含む)がいないことを証明します

Signature: サイン

Date: Year Month Day

