

PENA-GARCIA 
Canadian Immigration
CONSULTING

Surname:

Given Name:

Have you ever used any other name:

Sex:

Date of Birth:

Place of Birth: *(Town, Country)*

Citizenship:

Current country of Residence:

Status:

From:

To:

Previous Countries of residence:

Country:

Status:

From:

To:

Country where applying:

Status:

From:

To:

Marital Status:

Date you are married or entered into common law relationship:

Name of Current Spouse:

Have you previously been married or in a common law relationship:

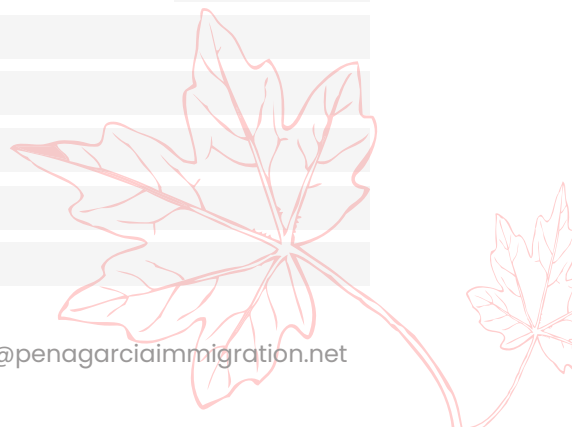
Name of previous spouse:

Date of birth:

Type of relationship:

From:

To:



Native language:

Passport Number:

Country of Issue:

Issue date:

Date of expiry:

Mailing address:

Residential Address:

Telephone number:

E-mail address:

Details of Visit to Canada:

Purpose of visit:

Indicate how long you plan to stay: From:

To:

Funds available for my stay:

Name, address and relationship of any person or institution I will visit

Name:

Relationship to me:

Address in Canada:

Name:

Relationship to me:

Address in Canada:

Post Secondary Education

From:

To:

Field of study:

School/ Facility:

City/Town:

Country:

Province:

Employment

From:

To:

Activity/Occupation:

Company/Employer/Facility Name:

City/Town:

Country:

Province:

From:

To:

Activity/Occupation:

Company/Employer/Facility Name:

City/Town:

Country:

Province:

From:

To:

Activity/Occupation:

Company/Employer/Facility Name:

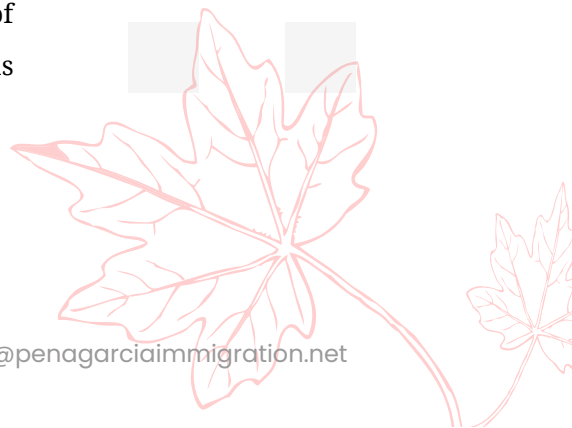
City/Town:

Country:

Province:

Background Information:

	Yes	No
1. Within the past 2 years, have you or any family member had tuberculosis or had close contact with a person with tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any physical or mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have previously applied to enter or remain in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been committed, been arrested for, been charged with or convicted of any criminal offence in any country?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you serve in any military, militia or civil defence unit or serve in a security, organization or police force	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	<input type="checkbox"/>	<input type="checkbox"/>



Family Information

If deceased, please write date of death and place of death

Fathers name:

Date of Birth:

Place of Birth:

Address:

Marital Status:

Occupation:

Mother's name:

Maiden name:

Date of Birth:

Place of Birth:

Address:

Marital Status:

Occupation:

Children

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Name:

Relationship:

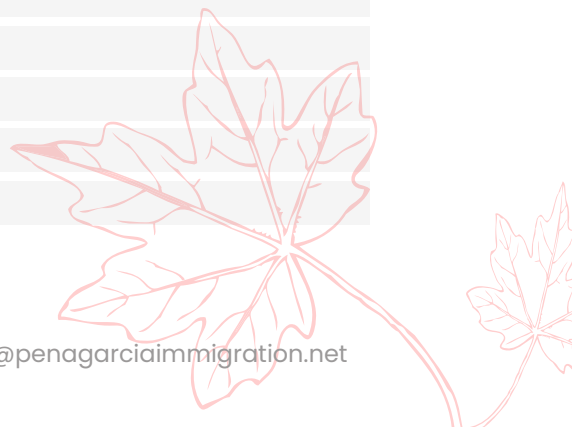
Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:



Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Brothers and Sister

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Name:

Relationship:

Date of Birth:

Place of Birth:

Address:

Occupation:

Marital Status:

Travel History for the last 10 years

From:

To:

Destination:

Length of stay:

Purpose of travel:

From:

To:

Destination:

Length of stay:

Purpose of travel:

From:

To:

Destination:

Length of stay:

Purpose of travel:

