



FAMILY INFORMATION

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 additional space is required, print and attach an additional form.

TYPE OR PRINT IN BLACK INK.

SECTION A

Name	Relationship SEE NOTE 1	Date of birth (Year/Month/Day)	Present address (If deceased, give city/town, country and date)	Will accompany you to Canada?	
		Country of birth	Present occupation	Yes	No
Ana Maria Teixeira	Applicant	1980 01 03 _ _ _ _ _ _	Rua Joaquim Barbosa, 123 - Sao Carlos, SP Brazil	<input type="checkbox"/>	<input type="checkbox"/>
		Brazil	HR Analyst	<input type="checkbox"/>	<input type="checkbox"/>
Dados da esposa, se tiver.	Spouse or common-law partner	_ _ _ _ _ _	Ao lado marque se essa pessoa vai ou ã viajar c/ vc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incluir dados da mãe	Mother	_ _ _ _ _ _		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incluir dados do pai	Father	_ _ _ _ _ _		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below. I certify that I do not have a spouse or a common-law partner.

Signature _____ Date

Year	Month	Day
2015	02	20
_ _	_	_ _

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

Name	Relationship SEE NOTE 2	Date of birth (Year/Month/Day)	Marital status	Present address	Will accompany you to Canada?	
		Country of birth		Present occupation	Yes	No
Se tiver filhos, incluir aqui		_ _ _ _ _ _	▼		<input type="checkbox"/>	<input type="checkbox"/>
		_ _ _ _ _ _	▼		<input type="checkbox"/>	<input type="checkbox"/>
		_ _ _ _ _ _	▼		<input type="checkbox"/>	<input type="checkbox"/>
		_ _ _ _ _ _	▼		<input type="checkbox"/>	<input type="checkbox"/>

NOTE 2: If no children are listed in Section B, read and sign below. I certify that I do not have any natural, adopted nor step-children.

Signature _____ Date

Year	Month	Day
_ _	_	_ _

SECTION C - CERTIFICATION

I certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature _____ Date

Year	Month	Day
2015	02	20
_ _	_	_ _

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.