



**SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)**

Full name	Relationship	Date of birth			Marital status	Present address (If deceased give city and date)	Will accompany you to Canada?	
		Y	M	D		Country of birth	Present occupation	YES
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

**SECTION D CERTIFICATION**

I certify that the information contained on 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
_	_	_

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*.