

VISITOR / STUDENT / WORKER VISA QUESTIONNAIRE

This form must be completed and submitted with your "Application for Temporary Entry to Canada". If the spaces provided below are insufficient, please continue on a separate sheet and attach securely to the application form:

I. FAMILY COMPOSITION INFORMATION

NAME OF SPOUSE(S)	DATE OF BIRTH	TYPE OF MARRIAGE*	PRESENT ADDRESS
1.			
2.			

* State whether Customary, Religious, Common-law, or other.

CHILDREN IF APPLICABLE

LIST ALL YOUR CHILDREN, NATURAL OR ADOPTED, LIVING OR DECEASED:

NAME	DATE OF BIRTH	MARITAL STATUS	PRESENT ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

PARENTS

LIST YOUR PARENTS (FATHER AND MOTHER) AND YOUR PARENTS-IN-LAW:

NAME	DATE OF BIRTH	MARITAL STATUS	PRESENT ADDRESS (IF DECEASED, GIVE CITY AND DATE)
F			
M			
F			
M			

SIBLINGS

LIST ALL YOUR BROTHERS, SISTERS, STEP-BROTHERS AND STEP-SISTERS:

NAME	DATE OF BIRTH	MARITAL STATUS	RELATIONSHIP	PRESENT ADDRESS
1.				
2.				
3.				
4.				

5.				
6.				

II. Have you previously visited Canada? If yes, please provide details:

APPROXIMATE DATE OF ENTRY	APPROXIMATE DATE OF DEPARTURE	REASON FOR LEAVING
1.		
2.		
3.		
4.		

III. EMPLOYMENT HISTORY: List your employers during the past 10 years. If you own your own business, please indicate what kind of business:

DATES	NAME, ADDRESS AND TELEPHONE NUMBER	YOUR OCCUPATION	TOTAL MONTHLY EARNINGS
1.			
2.			
3.			
4.			

- IV. DO YOU INTEND TO WORK IN CANADA? YES:_____ NO:_____
- DO YOU INTEND TO STUDY IN CANADA? YES:_____ NO:_____
- DO YOU INTEND TO SEEK MEDICAL TREATMENT IN CANADA? YES:_____ NO:_____

V. Have you ever submitted, been sponsored or included on an application for permanent residence in Canada?

YES:_____ NO:_____

VI. Additional information:

I declare that I have answered all required questions in this application fully and truthfully.

Signature of applicant

Date