

**Personal Information for Sponsor**

Given Name(s): _____	Family Name: _____
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Family Name before marriage: _____
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Date of Birth: ____/____/____ <small>dd mm yyyy</small>	Country of birth: _____	Relationship to principal applicant: _____
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Your residential address: \_\_\_\_\_  
Street No. Street Apt No. City Province  
 \_\_\_\_\_  
postal code country

(if different from residential address)  
 Your mailing address: \_\_\_\_\_  
Street No. Street Apt No. City Province  
 \_\_\_\_\_  
postal code country

Home phone: _____ <small>area code number</small>	Are you a: <span style="float:right">Since</span> Canadian Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no _____ <small>dd mm yyyy</small> Permanent Resident? <input type="checkbox"/> yes <input type="checkbox"/> no _____ <small>dd mm yyyy</small> Country where application for PR processed: _____
Cell phone: _____ <small>area code number</small>	
Work phone: _____ <small>area code number</small>	

Marital Status:  Never Married  Married  Widowed  Legally Separated  
 Annulled Marriage  Divorced  Common-Law

Date of marriage: ____/____/____ <small>dd mm yyyy</small>	Children: <input type="checkbox"/> yes <input type="checkbox"/> no How many: _____
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Previous Marriage: <input type="checkbox"/> yes <input type="checkbox"/> no	Relationship duration: From: ____/____/____ to ____/____/____ <small>dd mm yyyy dd mm yyyy</small>	Type of relationship: <input type="checkbox"/> marriage <input type="checkbox"/> common-law union
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Spouse Full name: _____	Date of birth: ____/____/____ <small>dd mm yyyy</small>	Children as result of marriage: <input type="checkbox"/> yes <input type="checkbox"/> no
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Do you have any dependant family members? yes no



## Family Details

F A T H E R	First Name(s): _____		Family Name: _____		
	Date of Birth: ____ / ____ / ____ <small>dd mm yyyy</small>		Place of Birth: _____	Date deceased (if applicable): ____ / ____ / ____ <small>dd mm yyyy</small>	
	Residential Address: _____ <small>street no. street</small> _____ <small>apt. no. city postal code country</small>		Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Annulled Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
M O T H E R	First Name(s): _____		Family Name: _____		
	Date of Birth: ____ / ____ / ____ <small>dd mm yyyy</small>		Place of Birth: _____	Date deceased (if applicable): ____ / ____ / ____ <small>dd mm yyyy</small>	
	Residential Address: _____ <small>street no. street</small> _____ <small>apt. no. city postal code country</small>		Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Annulled Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
C H I L D	First Name(s): _____		Family Name: _____	<input type="checkbox"/> son <input type="checkbox"/> daughter	
	Date of Birth: ____ / ____ / ____ <small>dd mm yyyy</small>		Place of Birth: _____	Colour of eyes: _____	
	Residential Address: _____ <small>street no. street</small> _____ <small>apt. no. city postal code country</small>		Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Annulled Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
	Passport #: _____ expires: ____ / ____ / ____		Can communicate in:	English: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Will accompany you to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no		Height: _____ cm	French: <input type="checkbox"/> yes <input type="checkbox"/> no	
C H I L D	First Name(s): _____		Family Name: _____	<input type="checkbox"/> son <input type="checkbox"/> daughter	
	Date of Birth: ____ / ____ / ____ <small>dd mm yyyy</small>		Place of Birth: _____	Colour of eyes: _____	
	Residential Address: _____ <small>street no. street</small> _____ <small>apt. no. city postal code country</small>		Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Annulled Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
	Passport #: _____ expires: ____ / ____ / ____		Can communicate in:	English: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Will accompany you to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no		Height: _____ cm	French: <input type="checkbox"/> yes <input type="checkbox"/> no	

**Note:** If you have more than two (2) children, please attach a separate sheet of paper



**Additional Information Continued...**

What languages do you speak?

What is your highest level of education completed?

- elementary/primary school    number of years completed: \_\_\_\_\_
- secondary/high school    number of years completed: \_\_\_\_\_
- College/University    number of years completed: \_\_\_\_\_
- Post-graduate studies    number of years completed: \_\_\_\_\_

1. Are you in receipt of social assistance for a reason other than disability? yes no

2. Are you an undischarged bankrupt as defined in the Bankruptcy and Insolvency Act? yes no

3. Have you ever sponsored or co-signed on a previous sponsorship? yes no

4. Have persons you previously sponsored (or co-signed) or their family members received social assistance during the validity period of the undertaking? yes no

5. Have you been ordered to leave Canada? yes no

6. Are you late in making a required payment on any amount you agreed to pay under Canadian immigration legislation and have not made arrangements to defer payments? yes no

7. In the five years preceding your application, have you been convicted of a sexual offence or an offence against a person in relation to one of your family members? yes no

8. Are you currently detained in a jail, prison, penitentiary or reformatory? yes no

9. Are you in default of a court order to make support payments to your spouse, former spouse, common-law partner, former common-law partner or child? yes no

10. Are you the subject of an application to revoke your citizenship for which a decision has not yet been made? yes no

11. Are you the subject of a report on inadmissibility? yes no

12. Have you been charged with an offence under an Act of Parliament punishable by a maximum term of imprisonment of at least 10 years? yes no

If you are found ineligible to sponsor, would you like to:

- Withdraw your sponsorship.
- Proceed with the application for permanent residence