



Application for a Search of Citizenship Records

Please PRINT in ink or TYPE

Protected when completed

1 I want service in English OR French Please check (✓) one

2 Information on the person whose record you are asking for

A Surname/Last name	Given name(s)
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B List other names used (e.g. maiden name, alias, etc.)	Date of birth Day: <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/>
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C Place and country of birth	Date of entry into Canada Year: <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/>
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D Name on certificate of Canadian citizenship or naturalization (if known)	Canadian citizenship certificate no. (if known)	Date certificate was issued (if known) Year: <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/>
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IF the above person entered Canada before 1915, complete this section

E Father's surname/last name	Father's first name(s)
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When the father became a Canadian citizen,	Father's date of birth
a) where was he living? _____	Day: <input type="text"/> <input type="text"/> <input type="text"/>
b) what was his job? _____	Month: <input type="text"/> <input type="text"/>
	Year: <input type="text"/> <input type="text"/> <input type="text"/>

3 Information on the person asking for the search

Surname/Last name	Given name(s)
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Mailing address		
Street no.	Street	Apt. no.

City/Town	Province	Postal Code
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Telephone (home)		Telephone (work)		Extension
Area Code	Telephone no.	Area Code	Telephone no.	

4 Authorization for the release of information

A Are you the person named in Section 2?

- Yes ➔ Go to Section 5
- No ➔ Go to next question

B Does the person named in Section 2 consent to this search?

- Yes ➔ I am the person named in Section 2 and I authorize the release of information to the person making this application.

Signature	Date
	Year: <input type="text"/> <input type="text"/> <input type="text"/>
	Month: <input type="text"/> <input type="text"/>
	Day: <input type="text"/> <input type="text"/>

- No ➔ Go to next question

4 Authorization for the release of information (continued)

C Is the person named in Section 2 deceased?

Yes ➔ Date of death Year Month Day

No ➔ Go to next question

Provide proof of death
(clear and legible photocopy of death certificate)

D What is your relationship to the person named in Section 2?

Provide proof (clear and legible photocopy of birth certificate, marriage certificate, etc.)

5 Why do you need this information? (to give to a foreign government, for employment, etc.)
You **must** give a valid reason(s) for requesting this information.



Signature of applicant
(you must sign inside the white box in black ink only)

City _____ Date Year Month Day

REMEMBER:
If you are sending more than one application, send all of them together in one envelope. The applications will be processed together. Failure to include the necessary documentation (e.g. 2 pieces of identification) will result in delays in processing your application.

FOR DEPARTMENTAL USE ONLY

Documents:	Office	Year <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	NR <input type="text"/>	PR <input type="text"/>
	\$.00	Receipt no. <input type="text"/>		Receipt date		
			Year <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	

**Protected Information
Personal Information Bank CIC PPU 050**

The information you provided on the application is collected under the authority of the *Citizenship Act* and is required to determine whether your citizenship application may be approved. The information will be retained in the Personal Information Bank CIC PPU 050 identified in Infosource. It may be shared with other organizations in accordance or disclosed, without notice or consent, pursuant to s. 8(2) of the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of, access to and correction of their personal information. Details of these matters are available at Infosource.gc.ca, at www.cic.gc.ca, at the local CIC offices, at the CIC Call Centre and at any Canadian public library.