



For official use only

File No. :

\_\_\_\_\_

Family name at birth : \_\_\_\_\_ First name : \_\_\_\_\_

Family name after marriage : \_\_\_\_\_ (if applicable) Date of birth : \_\_\_\_\_  
Year / Month / Day

Address : \_\_\_\_\_  
Number Street City Province / State Postal code

Telephone No. at home : \_\_\_\_\_ Telephone No. at work : \_\_\_\_\_

Individual  
Reference No.

\_\_\_\_\_

**SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND FAMILY MEMBERS**

**A. Principal sponsored person**

Family name at birth : \_\_\_\_\_ First name : \_\_\_\_\_

Family name after marriage (if applicable) : \_\_\_\_\_

Sex :  F  M Civil status :  Single  Married  De facto spouse  Other (specify) \_\_\_\_\_

Date of birth : \_\_\_\_\_ Country of birth : \_\_\_\_\_ Telephone No. : \_\_\_\_\_  
Year / Month / Day

Residential address : \_\_\_\_\_  
Number Street City Province / State Postal code

Mailing address (if different) : \_\_\_\_\_  
Number Street City Province / State Postal code

Individual  
Reference No.

\_\_\_\_\_

**B. Members of the principal sponsored person's family who are accompanying that person to Québec  
(Attach an extra page if necessary.)**

Family name at birth : \_\_\_\_\_ First name : \_\_\_\_\_

Family name after marriage (if applicable) : \_\_\_\_\_

Sex :  F  M Civil status :  Single  Married  De facto spouse  Other (specify) \_\_\_\_\_

Date of birth : \_\_\_\_\_ Country of birth : \_\_\_\_\_ Telephone No. : \_\_\_\_\_  
Year / Month / Day

Relationship with the principal sponsored person : \_\_\_\_\_

Mailing address (if different) : \_\_\_\_\_  
Number Street City Province / State Postal code

Individual  
Reference No.

\_\_\_\_\_

Family name at birth : \_\_\_\_\_ First name : \_\_\_\_\_

Family name after marriage (if applicable) : \_\_\_\_\_

Sex :  F  M Civil status :  Single  Married  De facto spouse  Other (specify) \_\_\_\_\_

Date of birth : \_\_\_\_\_ Country of birth : \_\_\_\_\_ Telephone No. : \_\_\_\_\_  
Year / Month / Day

Relationship with the principal sponsored person : \_\_\_\_\_

Mailing address (if different) : \_\_\_\_\_  
Number Street City Province / State Postal code

Individual  
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Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State Postal code	Individual Reference No.  _____
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State Postal code	Individual Reference No.  _____
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State Postal code	Individual Reference No.  _____
<b>C. Members of the principal sponsored person's family who are not accompanying that person to Québec but who are covered by the undertaking (Attach an extra page if necessary.)</b>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State Postal code	Individual Reference No.  _____

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File No. :

\_\_\_\_\_

Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small>	

**D. Members of the principal sponsored person's family who are not accompanying that person to Québec and who are not covered by the undertaking (Attach an extra page if necessary.)**

Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small>	

Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small>	

**SECTION 3 ADDITIONAL INFORMATION**

A. Expected locality of settlement of the sponsored person and family members : \_\_\_\_\_

B. Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, please indicate their name and the relationship :  
\_\_\_\_\_



