

PART 2

ADOPTEE'S APPLICATION

APPLICATION FOR CANADIAN CITIZENSHIP FOR A PERSON ADOPTED BY A CANADIAN CITIZEN (ON OR AFTER JANUARY 1, 1947)

FOR OFFICIAL USE ONLY																			
Send certificate to: <input type="checkbox"/> Canadian address <input type="checkbox"/> Mission outside of Canada <input type="checkbox"/> Return original document(s) <input type="checkbox"/> Citizenship granted <input type="checkbox"/> Citizenship refused _____ Signature _____ Name of officer (PRINTED) <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Year</td> <td style="width: 33%; border: none;">Month</td> <td style="width: 33%; border: none;">Day</td> </tr> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ </td> <td style="border: none;"> _ </td> </tr> <tr> <td style="border: none;">Date</td> <td colspan="2" style="border: none;">Place (city/town)</td> </tr> </table> </td> <td style="border: none;"> _____ _____ </td> </tr> </table>	<table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Year</td> <td style="width: 33%; border: none;">Month</td> <td style="width: 33%; border: none;">Day</td> </tr> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ </td> <td style="border: none;"> _ </td> </tr> <tr> <td style="border: none;">Date</td> <td colspan="2" style="border: none;">Place (city/town)</td> </tr> </table>	Year	Month	Day	_ _	_	_	Date	Place (city/town)		_____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CPC-S</th> </tr> </thead> <tbody> <tr><td style="height: 20px;">Receipt no.</td></tr> <tr><td style="height: 20px;">Client ID</td></tr> <tr><td style="height: 20px;">Certificate no.</td></tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">OFFICE PROCESSING - PART 2</th> </tr> </thead> <tbody> <tr><td style="height: 20px;">File no.</td></tr> <tr><td style="height: 20px;">Mission</td></tr> </tbody> </table>	CPC-S	Receipt no.	Client ID	Certificate no.	OFFICE PROCESSING - PART 2	File no.	Mission
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SPACE RESERVED FOR APPLICANT'S PHOTO
(do not staple)

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca.

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

BEFORE YOU START, READ THE APPLICATION GUIDE

TYPE or PRINT in black or blue ink

1A Last name (surname/family name) as indicated on the adoption order _____	Given name(s) as indicated on the adoption order _____						
1B I want service in <input type="checkbox"/> English <input type="checkbox"/> French Check <input checked="" type="checkbox"/> one	2 I have special needs <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain _____						
3 You must receive confirmation that Part 1 (CIT 0010) was approved before submitting Part 2 (CIT 0012) of the application. What is the date on the decision letter that confirmed that at least one of the parents was a Canadian citizen?							
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Year	Month	Day					
_	_	_					

4 APPLICANT'S INFORMATION

A Who is applying on behalf of the adopted person for Canadian citizenship? <input type="checkbox"/> The adoptive parent <input type="checkbox"/> The adopted person (if aged 18 years or older) <input type="checkbox"/> The legal guardian Note: Adopted persons 18 years of age or older must fill in and sign their own application.			
B Name and addresses of the person applying for the adopted person's Canadian citizenship Last name (surname/family name) _____ Given name(s) _____			
C Residential address No. & street _____ Apt./unit _____		D Mailing address (if different from Section 4C) No. & street _____ Apt./unit _____	
City/Town _____	Province/Territory _____	City/Town _____	Province/Territory _____
Postal code _____	Country _____	Postal code _____	Country _____
E Home telephone no. _____ Country code _____ Area code _____ No. _____		Cellular phone no. _____ Country code _____ Area code _____ No. _____	
Business telephone no. _____ Country code _____ Area code _____ No. _____		Facsimile no. _____ Country code _____ Area code _____ No. _____	
E-mail address _____			

5 ADOPTION DETAILS

A When was the adoption completed?

Year	Month	Day

B Where was it completed?

Place (city/town)	Region/Province	Country

C Age of adopted person at time of adoption

--

D Is the adopted person a relative of one of the adoptive parent(s)? No Yes **▶** If yes, what is the relationship?

--

▶ And to which adoptive parent?

--

E If the adopted person is currently living outside Canada, will the adopted person come to Canada to live within 6 months of being granted Canadian citizenship? No Yes **▶** If yes, where?

--

or which province?

--

6 DETAILS OF THE ADOPTED PERSON

A Last name (surname/family name) at birth of the adopted person

--

 Given name(s) at birth of the adopted person

--

B Last name (surname/family name) as indicated on birth certificate or adoption order (if different from A)

--

 Given name(s) as indicated on birth certificate or adoption order (if different from A)

--

C Has the name of the adopted person changed since birth or the adoption? **▶** No Yes If yes, write name if different from A or B.
Last name (surname/family name) as it appears on the legal change of name document

--

 Given name(s) as it appears on the legal change of name document

--

D Any other names used now or in the past **▶** No Yes If yes, write name(s) and details.

Last name (surname/family name)	Given name(s)	Write details (e.g. birth name, nickname, maiden name, etc.)

E Full name as it appears on the adopted person's birth certificate in the adopted person's native language (e.g. Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code).

--

F Date of birth

Day	Month	Year

 Place of birth (city/town)

--

 Province/Region of birth

--

 Country of birth

--

G Sex **▶** Female Male **H** Marital status **▶** Single Married Common-law Widowed Divorced Separated

I

Country (countries) where the adopted person has citizenship	Current passport or travel document number	Date issued			Expiry date			This passport or travel document will be used to travel to Canada.
		Year	Month	Day	Year	Month	Day	
								<input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Yes
								<input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Yes
								<input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Yes

J Details of the adopted person's biological family members

If known, you must provide the following details about each of the adopted person's family members (including biological father, biological mother and biological brothers and sisters). If you do not have enough space, provide details on a separate sheet of paper.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER																		
Last name (surname/family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male																		
Date of birth	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year																			
Day	Month	Year																			
Day	Month	Year																			
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Other countries with permanent resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Marital status	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Relationship with the adopted person	<input type="text"/>	<input type="text"/>	<input type="text"/>																		

K Do you know where the adopted person lives?
 No Yes **▶** If yes, include the address:

No. & street		Apt./unit
City/Town	Province/Territory	
Postal code	Country	
Name of the contact person/institution		
<input type="text"/>		

L The address is also required in the local language where the adopted person is living (e.g. Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code). Only if applicable.

M Addresses of the adopted person

Write all addresses where the adopted person stayed or lived during the past 10 years. Do not use post office (P.O.) box addresses.

From	To	No. and street (do not use P.O. Box address)	City/Town	Province, state or district	Country
Y	M	Y			
		PRESENT			

6 DETAILS OF THE ADOPTED PERSON (continued)

N Personal history

Write details on what the adopted person has been doing in the past 10 years, starting with the most recent information. Please also account for the adopted person's activities since turning age 13, should this period of time be longer than the last 10 years. Do not leave gaps.

From		To		Activity (if applicable)	City/Town and country	Name of company, employer, school, facility, as applicable
Y	M	Y	M			
		PRESENT				


7 DETAILS OF THE ADOPTIVE PARENT(S)

	ADOPTIVE PARENT	ADOPTIVE PARENT												
Last name (surname/family name)	<input type="text"/>	<input type="text"/>												
Given name(s)	<input type="text"/>	<input type="text"/>												
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)	<input type="text"/>	<input type="text"/>												
Country of birth	<input type="text"/>	<input type="text"/>												
Date of birth	<table border="1"> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Day	Month	Year				<table border="1"> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year												
Day	Month	Year												
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated												

8 ADOPTIVE PARENT(S) ADDRESS DETAILS (or legal guardian) if different from section 4

A Residential address		B Home telephone no. ▶				
No. & street		Apt./unit		Country code	Area code	No.
City/Town		Province/Territory		Country code	Area code	No.
Postal code		Country		Country code	Area code	No.
				E-mail address ▶		

9 INDIVIDUAL, FIRM OR ORGANIZATION WHO ASSISTED IN THE COMPLETION OF THIS APPLICATION
(The applicant does not complete this section)

Did you receive assistance in completing this form		<input type="checkbox"/> No <input type="checkbox"/> Yes ▶		If yes, have the individual, firm or organization complete the following section 9.							
Name of individual who assisted in completing this application form			Name of firm, organization								
Address											
 Signature of INDIVIDUAL ▶				Date							
				<table border="1"> <tr> <td>Year</td><td>Month</td><td>Day</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>		Year	Month	Day			
Year	Month	Day									


A I intend to apply for a Canadian passport for the adopted person at a Canadian Embassy, a High Commission or a Consulate outside Canada after the adopted person is granted Canadian citizenship.

▶ No Yes If yes, go to question 10 B. If no, go to section 11.

Note: This is not a passport application.

B I authorize Citizenship and Immigration Canada to release the personal information regarding this application to the Canadian Embassy, High Commission or Consulate to facilitate the Canadian passport application process for the adopted person.

▶ No Yes If yes, sign this declaration.

 **Signature of adoptive parent/legal guardian or the adopted person (if 18 years of age or older)**


Printed name _____ Signature _____ Place _____ Date _____

Year	Month	Day

11 DECLARATION AND SIGNATURES

I have read and understood the contents of this form. I declare that the information that I have provided in this form is true, complete and accurate. I understand that if I have made a false declaration or have otherwise provided false or misleading information or if I fail to declare all of the information material to the adopted person's application, the adopted person's application could be rejected or the adopted person could lose his or her Canadian citizenship. I understand that providing such false or misleading information, making a false declaration or failing to declare all information material to the adopted person's application could be an offence under the *Citizenship Act*.


I hereby acknowledge that section 9 must be completed if an individual, firm or organization assisted me in the completion of this application. If section 9 is blank, I confirm that I completed this form myself without any help.

 **Signature of adoptive parent/legal guardian or the adopted person (if 18 years of age or older)**
(you must sign inside the white box in black ink only)

▶ City

Date


Year	Month	Day

 **Children (14 years of age or older) must also sign this form:**
(you must sign inside the white box in black ink only)

▶ City

Date

Year	Month	Day

 **IMPORTANT NOTE:**
The application must be signed and dated before it is mailed. If your application is not signed and dated, it will be returned to you. You must make sure that all information you have entered is accurate and is up-to-date. Remember to make sure that you are eligible to apply on the day before you **SIGN** this application.

 **REMEMBER:**
You must submit one application form for each adopted person. If you are sending more than one application, send all of them together in one envelope. The applications will be processed together.

**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.