



DOCUMENT CHECKLIST FOR A TEMPORARY RESIDENT VISA

This document checklist is one of the forms that you need to submit with your application.

If your documents are in a language other than English or French, check with the responsible visa office for your region to determine whether they need to be translated.

If any of the required documents listed below are missing, your application may be returned.

Gather your documents in order of the checklist and check each item.

I have enclosed the following items:

- Application for Temporary Resident Visa (IMM 5257)*, duly completed.
Note: If this application form is completed on a computer and printed, place the barcode page (page 5 of 5) on the top of each individual application package.
- Completed *Family Information (IMM 5645)*, if applicable.
Note: Complete this form **only** if it is required by the responsible visa office for your region.
- Completed *Schedule 1 - Application for Temporary Resident Visa (IMM 5257 - Schedule 1)*, if applicable.
- Statutory Declaration of Common-Law Union (IMM 5409)*, if applicable.
- Use of a Representative (IMM 5476)*, if applicable.
- Fee payment in an acceptable format. Please ensure to include the application processing fee and, if applicable, the biometric fee. Verify acceptable methods of payment with the Visa office responsible for your area.
Note: Visa offices do not accept payment receipts from Canadian banks.
- Valid passport (there must be one completely blank page other than the last page, available in each passport).
- Two photos** meeting the requirements of the **Visa application photograph specifications**. On the back of two photos, write your name and date of birth.
Note: If you are required to provide biometric fingerprints and photo, you are **not** required to include paper photos with your application. For more information about **biometric requirements**.
- Photocopy of your current immigration document, if applicable.
(e.g. study permit, work permit or temporary resident permit)
- Proof of financial support.
- Photocopy** of your valid return ticket and/or travel itinerary, if applicable.
- Minor travelling alone or with one parent: custody documents or a letter of authorization from the other non accompanying parent or a letter of authorization signed by both parents or legal guardians, if applicable.
- Any additional documents required by the responsible visa office.
- Optional: proof of completion of the upfront medical examination from the Panel Physician.

REQUIRED DOCUMENTS FOR PARENTS AND GRANDPARENTS SUPER VISA

- A Letter of invitation from your child or grandchild residing in Canada.
- One of the following documents to prove that your child or grandchild meets the Low Income Cut-Off (LICO) minimum:
 - most recent copy of the Notice of Assessment or Option C printout,
 - most recent copy of the T4 or T1,
 - original letter from employer stating title, job description and salary,
 - employment insurance pay stubs,
 - if self-employed, a letter from an accountant confirming their annual income,
 - proof of other sources of income (pension statement, investments, etc.).**Note:** Your child or grandchild may obtain an Option C printout free of charge by contacting the Canadian Revenue Agency (CRA) at 1-800-959-8281.
- Proof of parental relationship to your child or grandchild (copy of birth certificate, baptismal certificate or other official document naming you as parent).
- Proof of medical insurance coverage for one year with a Canadian insurance company (copy of the insurance certificate or policy).



SCHEDULE 1 APPLICATION FOR TEMPORARY RESIDENCE

The principal applicant, his or her spouse or common-law partner, if applicable, and all dependent children aged 18 years or older listed in the application for temporary residence must complete their own copy of this form.

*Indicate whether you are The principal applicant The spouse, common-law partner or dependent child aged 18 years or older of the principal applicant

OFFICE USE ONLY
Validated

1 Full name

*Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
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2 *Date of birth YYYY MM DD **3** UCI

Canada places a high value on bringing those who commit acts of genocide, war crimes or crimes against humanity to justice. Canada was the first country to incorporate the obligations of the Rome Statute into its national laws.

4 Military Service

Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?

*No *Yes Give the following details:

From YYYY MM	To YYYY MM	Location/Place where stationed	Province	Country or Territory	
					-
					-
					-
					-

Add more rows

5 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?

*No *Yes Give the following details:

From YYYY MM	To YYYY MM	Location	Province	Country or Territory	
					-
Details:					
					-
Details:					
					-
Details:					

Add more rows



6 Membership or Association with Organizations

Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? Do not use abbreviations.

*No *Yes ► Give the following details:

From YYYY MM	To YYYY MM	Name of organization	Activities and/or positions held within organization	Province	Country or Territory	
						-
						-
						-
						-

Add more rows ► +

7 Government Positions

Have you ever held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)? Do not use abbreviations.

*No *Yes ► Give the following details:

From YYYY MM	To YYYY MM	Country or Territory	Level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held	
						-
						-
						-
						-

Add more rows ► +

8 Previous Travel

Since the age of 18 or during the past five years, whichever is more recent, have you travelled to any country or territory other than the country of your citizenship or your current country or territory of residence?

*No *Yes ► Give the following details:

From YYYY MM	To YYYY MM	Country or Territory	Location	Purpose of Travel	
					-
					-
					-
					-

Add more rows ► +

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous Spouse/Common-law Partner: Family name Given name(s)			
c) Date of birth YYYY MM DD	d) Type of relationship	From YYYY-MM-DD	To YYYY-MM-DD

LANGUAGE(S)

1 a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

PASSPORT

1 * Passport number	2 * Country or territory of issue	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes			
2 Document number	3 Country or territory of issue	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes	
2 Document number	3 Expiry date YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail:
 - All correspondence will go to this address unless you indicate your e-mail address below.
 - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
 - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 Current mailing address						
P.O. box	Apt/Unit	Street no.	* Street name			
* City/Town	* Country or Territory		Province/State	Postal code	District	
2 Residential address Same as mailing address? <input type="checkbox"/> * No <input type="checkbox"/> * Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country or Territory			Province/State	Postal code	District	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.		
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. Ext.				6 E-mail address		

Applicant Name	Date of Birth
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DETAILS OF VISIT TO CANADA

1	* a) Purpose of my visit	b) Other	
2	Indicate how long you plan to stay	* From YYYY-MM-DD	* To YYYY-MM-DD
3	* Funds available for my stay (CAD)		
4	Name, address and relationship of any person(s) or institution(s) I will visit:		
1	* Name		
1	Relationship to me	* Address in Canada	
2	Name		
2	Relationship to me	Address in Canada	

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? * No * Yes

If you answered "yes", give full details of your highest level of post secondary education.

1	From YYYY MM	Field of study	School/Facility name	
1	To YYYY MM	City/Town	Country or Territory	Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.

1	From * YYYY * MM	* Current Activity/Occupation	* Company/Employer/Facility name	
1	To YYYY MM	* City/Town	* Country or Territory	Province/State
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
2	To YYYY MM	City/Town	Country or Territory	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
3	To YYYY MM	City/Town	Country or Territory	Province/State

Applicant Name

Date of Birth

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1 a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? No Yes

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? No Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

2 a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? No Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? No Yes

c) Have you previously applied to enter or remain in Canada? No Yes

d) If you answered "yes" to question 2a), 2b), or 2C please provide details.

3 a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory? No Yes

b) If you answered "yes" to question 3a) above, please provide details.

4 a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? No Yes

b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.

5 Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? No Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? No Yes

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

Applicant Name

Date of Birth

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)

 No Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

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

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

**IMPORTANT NOTE:**

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from computer analytics, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank – IRCC PPU 068.



FAMILY INFORMATION

Type of application: Visitor Worker Student Other

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include ALL family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Name	Relationship SEE NOTE 1	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
	Applicant			
Marital status:		Country of birth:	Present occupation:	
	Spouse or common-law partner			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
	Mother			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
	Father			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner.

Signature: _____ Date (YYYY-MM-DD) _____

SECTION B - CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any natural, adopted nor step-children.

Signature: _____ Date (YYYY-MM-DD) _____

SECTION C - BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
				<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		

SECTION D - CERTIFICATION

I certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: _____ Date (YYYY-MM-DD) _____

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. *The Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the *Privacy Commissioner of Canada*. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank – IRCC PPU 013, 051, 068.