

APPENDIX E: FORMS & OTHER DOCUMENTS

The following table provides a list of all the documents that can be found in appendix E and what page each document was originally referred to in the main document of “Knowing Your Rights”. It then states which page of Appendix E the document it located at. Additionally, the electronic link is provided.

Document Name	Referenced on page #	Found at page #	Link to Electronic Version
City of Kamloops Resources List	4	3	https://www.kamloops.ca/sites/default/files/docs/our-community/scd_resourceflatsheet_8-5x11_may2018_final.pdf
Temporary Overnight Shelter Locations	5	4	https://www.kamloops.ca/sites/default/files/docs/our-community/bl_temporaryovernightshelters_11x8-5_may2018_map.pdf
Temporary Overnight Shelters During the COVID-19 Pandemic	5	5	https://www.kamloops.ca/sites/default/files/docs/our-community/bl_temporaryovernightshelters_brochure_11x8-5_feb2021_final-web.pdf
City of Kamloops Shelter Resources	5	7	https://www.kamloops.ca/sites/default/files/docs/our-community/scd_shelterresourceflatsheet_8-5x11_nov2019_final.pdf
RCMP Public Complaint Form	6	8	To print and mail: https://www.crcc-ccetp.gc.ca/pdf/complaintplainte-en.pdf To submit online: https://www.crcc-ccetp.gc.ca/en/make-complaint-form
Application for Change of Name	10	13	To print and mail: https://www2.gov.bc.ca/assets/gov/health/forms/vital-statistics/vsa529_fill.pdf To submit online: https://ecos.vs.gov.bc.ca/
Application for Change of Gender Designation (Adult)	12	23	https://www2.gov.bc.ca/assets/gov/health/forms/vital-statistics/vsa509a_fill.pdf
Application for Change of Gender (Minor)	12	27	https://www2.gov.bc.ca/assets/gov/health/forms/vital-statistics/vsa509c_fill.pdf
Adult General Passport Application	13	31	https://www.canada.ca/content/dam/ircc/migration/ircc/english/passport/forms/pdf/pptc153.pdf
Statutory Declaration - Request for a Change of Sex Designation	13	39	https://irp-cdn.multiscreensite.com/be3b7c5d/files/uploaded/Statutory-Declaration-%E2%80%93-Request-for-a-Change-of-Sex-Designation-1.pdf
Application for Citizenship Certificate for Adults and Minors	13	41	https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/kits/citizen/cit0001e-2.pdf

Document Name	Referenced on page #	Copy can be found at page #	Link to Electronic Version
Request to Amend Valid Temporary Resident Documents	13	54	https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/kits/forms/imm1436e.pdf
Funding Coverage for Gender-Affirming Care	25	58	http://www.phsa.ca/transcarebc/Documents/HealthProf/Trans%20Care%20BC%20-%20Funding%20Coverage.pdf
BC Human Rights Tribunal – Individual Human Rights Complaint Form	33	63	<p>To print and mail: http://www.bchrt.bc.ca/shareddocs/forms/form_1_1_print.pdf</p> <p>To submit online: https://angular-on-nginx-qjtfov-prod.pathfinder.gov.bc.ca/hrt/hrt</p>



Resources List

City of Kamloops



INTERIOR HEALTH

Alcohol and Drug Info: 1-800-663-1441

Public Health Street Nurses

Monday–Thursday 8:30am–4:00pm

Monday–Friday 8:30am–4:30pm

Lisa: 250-318-4611 Cheriese: 250-319-6783

Drop-in Street Clinics

Tuesdays 10:00am–12:00pm

New Life Community, 181 Victoria Street West

Wednesdays 1:00pm–3:00pm

King Street Centre, 126 King Street

- Naloxone
- TB Skin Testing
- HIV/STI Testing
- immunizations
- links to resources
- harm reduction supplies/teaching
- pregnancy outreach
- basic wound care
- health promotion education

Supervised Consumption Site

Tuesday–Saturday 12:00pm–3:00 pm

Behind ASK Wellness, 433 Tranquille Road

Tuesday–Saturday 4:00pm–7:30pm

Beside Crossroads Inn, 569 Seymour Street

- harm reduction supply distribution and education
- needle disposal
- assessment and referral to services (methadone, suboxone, treatment options, housing)
- basic nursing care
- supervised consumption
- drug checking

Overdose Prevention Outreach Nurse

Hayley: 778-220-2184

- Naloxone training
- access to detox, suboxone, or methadone
- small wound care

ASK WELLNESS

SHOP Outreach Program

To connect vulnerable street-involved women to resources, health services, housing options, and increased safety.

Jill: 250-571-4370 Cassie: 250-320-1667

Street Outreach

To connect street-involved men and congregating groups to resources, housing options, health services, and/or treatment options.

Reanna: 250-851-5949 Chris: 250-299-5038

Overdose Prevention

- harm reduction
- needle pick up
- Naloxone kits and training
- treatment options

Karly: 778-257-1292 or ODP433@askwellness.ca

INTERIOR COMMUNITY SERVICES

Youth Outreach

To connect street-entrenched youth to age-appropriate services and resources.

Kayla: 250-819-2630 Krista: 778-765-0639 Sara: 250-318-4385

CANADIAN MENTAL HEALTH ASSOCIATION

250-374-0440 or kamloops@cmha.bc.ca

Emerald Centre Homeless Shelter

Open 7 days per week, 365 days per year. Low barrier shelter for homeless men and women.

- harm reduction supply distribution and education
- case management and referral to services, including housing placement and stability

KAMLOOPS ABORIGINAL FRIENDSHIP SOCIETY

Mini-storage, laundry, and mail. 48 Victoria Street West

Monday–Sunday 10:00am–2:00pm



250-828-3869

Mini-storage Program: No cost storage of belongings. One bin per person. Clients must check in weekly.







Temporary Overnight Shelter Locations

-  Regular Location
-  High River Location (move up the bank)

Public Washrooms

-  Open Monday–Sunday
Minimum 8:00 am–9:00 pm
-  Open During Regular Facility Hours

All washrooms are equipped with sharps disposal containers.

Inset - Mission Flats



Rules for Temporary Overnight Shelters During the COVID-19 Pandemic

1 Shelter and property must be small and tidy

Shelters may only cover an area of less than 10 m² and must be free of garbage and excessive clutter.

2 No fires or smoking

Open flame (e.g. lighter, camp fire, and candle) and smoking are not permitted.

3 Shelter must be detached from other structures

Shelters may not adjoin, abut, or be connected to any other temporary overnight shelter. It is important to maintain physical distancing during COVID-19 pandemic (minimum 6 ft. between shelters).

4 A shelter is permitted within the areas shown on the inside map

A temporary shelter is NOT permitted on or near any playgrounds, pools, gardens, public lawns, sports facilities and fields, stages, bleachers, washrooms, picnic shelters, gazebos, cemeteries, pathways, driveways, roadways, lanes, bridges, docks, or boulevards or any offices, community and recreational facilities, parking lots, or parkades that are owned or controlled by the City of Kamloops.

5 Overnight shelter must be temporary

Temporary shelters include a tent or other shelter constructed from a tarp, plastic, or cardboard. As long as the rules listed above are followed, shelters can remain in place throughout the day during the COVID-19 pandemic. Failure to follow the rules may result in shelters being dismantled. Valuable items may be impounded, and garbage may be disposed of.

KEEPING OUR COMMUNITY SAFE FOR EVERYONE

The City of Kamloops is committed to minimizing the spread of COVID-19 in the community. To support people living outdoors, the City is opening all washroom facilities with access to hot water and relaxing its enforcement of the Temporary Overnight Shelter Bylaw during the COVID-19 pandemic. Community Services officers will monitor camps to promote site safety and cleanliness and ensure physical distancing protocols are followed.

Day Locker Storage

This service is no-cost storage of belongings and is limited to one bin per person. Clients must check in weekly.

48 Victoria Street West (across from City Hall)
Monday–Sunday, 11:00 am–5:00 pm

COMMUNITY SERVICES



To inquire about impounded items, please call the City of Kamloops Community Services office.

250-828-3409 | Monday–Friday

May–September: 8:00 am–4:00 pm
September–May: 8:30 am–4:30 pm

Temporary Overnight Shelters

During the COVID-19 Pandemic



Canada's Tournament Capital

Temporary Overnight Shelter Locations



Regular Location



High River Location
(move up the bank)

Public Washrooms



Open Monday–Sunday
Minimum 8:00 am–9:00 pm



Open Monday–Sunday
10:00 am–6 :00 pm

All washrooms are equipped with sharps disposal containers.





Shelter Resources

City of Kamloops



CANADIAN MENTAL HEALTH ASSOCIATION

Emerald Centre Emergency Shelter

250-372-3031 or emerald.hostel@cmha.bc.ca

271 Victoria Street West

Open 7 days per week, 365 days per year, 24 hours per day

A 55-bed, co-ed, low-barrier shelter for men and women experiencing homelessness, which offers:

- harm reduction supply distribution and education
- case management and referral to services, including housing placement and stability
- access to workshops that enhance the knowledge, resources, and support for individuals

THE MUSTARD SEED KAMLOOPS

Outreach Centre

250-434-9898 x120 or InfoKamloops@TheSeed.ca

181 Victoria Street West

Open 7 days per week, 365 days per year, 8:00 am–8:00 pm

A Christian organization whose mission is to alleviate poverty and homelessness through acceptance, empowerment, and practical solutions and that offers:

- referrals to resources, housing options, health services, and/or treatment options
- case management, advocacy, and referral to community services
- personal hygiene products and clothing
- public washroom and shower
- dental services Tuesday–Thursday, 9:00 am–4:00 pm
- health services Every 2nd Thursday, 9:00 am–12:00 pm
Tuesdays, 1:00 pm–4:00 pm (by appt)
- registered nurse Tuesdays, 10:00 am–1:00 pm
- chapel service Daily, 11:30 am

Emergency Weather Shelter

Open 7 days per week, 9:00 pm–8:00 am, until April 1

A 30-mat, low-barrier shelter for men and women experiencing homelessness that includes all the services listed above.

VULNERABILITY ASSESSMENT TOOL (VAT)

The VAT helps provide a consistent and fair way of identifying adults who could most benefit from supportive housing, and different approaches to handling their cases. This tool can also help prevent people from falling through the cracks in the system by coordinating services among agencies.

People experiencing homelessness must have a completed VAT to be considered for placement in supportive housing. There are several agencies in Kamloops trained to administer the VAT:

- ASK Wellness
- Interior Health
- Elizabeth Fry Society
- John Howard Society
- The Mustard Seed Kamloops
- Canadian Mental Health Association - Kamloops
- Lii Michif Otipemisiwak Family and Community Services





Civilian Review and
Complaints Commission
for the RCMP

Commission civile d'examen
et de traitement des plaintes
relatives à la GRC

PUBLIC COMPLAINT FORM GUIDE

The Civilian Review and Complaints Commission for the RCMP (CRCC) is an independent agency that reviews complaints made by the public about the on-duty conduct of RCMP members.

The CRCC is not part of the RCMP.

Anyone with concerns about the conduct of an RCMP member can visit the CRCC website at www.complaintscommission.ca or call the CRCC at 1-800-665-6878 to learn more about the public complaint process. CRCC staff will be able to describe our role and answer any questions that you may have.

CHECKLIST

Complaints must concern:

- ☐ The conduct of an RCMP officer in the performance of their policing duties
- ☐ An incident that occurred within the last 12 months*

*If the incident occurred more than 12 months ago, please provide additional information / justification for the delay. This information will be reviewed and an extension may be granted on a case-by-case basis.

Individuals making a complaint need to be:

- ☐ Directly involved in the incident
- or
- ☐ A witness to the incident
- or
- ☐ A person authorized to act on behalf of the person directly involved in the incident

COMPLAINTS CAN BE MADE

BY MAIL

Civilian Review and Complaints Commission
for the RCMP

P.O. Box 1722, Station B
Ottawa, ON K1P 0B3

ONLINE

www.complaintscommission.ca

BY FAX

1-613-960-6147



PUBLIC COMPLAINT FORM

PLEASE NOTE: You may file your complaint online at www.complaintscommission.ca



CONTACT INFORMATION (Required)

Family Name	Given Name	Date of birth (YEAR, MONTH, DAY)	
Street / Mailing Address	City	Province	Postal Code
Email address	Primary Telephone number	Cellphone number	



QUESTIONS (Required)

What is your preferred language for correspondence?

☐ English ☐ French

How do you want to be contacted?

☐ Email ☐ Phone ☐ Mail

Were you directly involved in the incident(s)?

☐ Yes ☐ No

Have you previously filed a public complaint about this incident with the CRCC or the RCMP?

☐ Yes ☐ No

If yes, did you sign an agreement with the RCMP to resolve this complaint informally?

☐ Yes ☐ No

Did the incident occur within the last 12 months? If not, please provide an explanation for the delay in filing in **Details of Complaint** section of this form.

☐ Yes ☐ No

PLEASE NOTE: Exceptions to the one-year time limit are reviewed & granted on a case-by-case basis.



REPRESENTATIVE AUTHORIZATION

Complete the following section **ONLY** if you want the Civilian Review and Complaints Commission for the RCMP (the CRCC) and the RCMP to communicate directly with a legal representative or an advocate *instead* of yourself.

Family Name: _____

Given Name: _____

Telephone Number: _____

E-mail Address: _____

By providing this information, you are authorizing the CRCC and the RCMP to:

- Communicate directly with a legal representative or an advocate instead of yourself; and,
- Disclose information related to your complaint to your representative.



DETAILS OF COMPLAINT (complete as much as possible)

Date of incident: _____
(Required) YEAR, MONTH, DAY

Location (city, town): _____

Time of incident: _____

Province: _____
(Required)

Please describe the circumstances that led to your complaint as completely as possible. Please include:

- Who was involved
- What was said and done
- Was there any damage or injury
- Details that you feel contributed or led to the incident
- Reason for filing past 12-month time limit (if applicable)

This box will accept a maximum of 3100 characters. If you need more space, you may attach additional sheets of paper to this form.



RCMP MEMBER(S)

List the RCMP member(s) whose conduct you are complaining about. If you are unsure, please write UNKNOWN and provide a brief, physical description of the member(s).

If you need more space, you may attach additional sheets of paper to this form.

Name	Rank	Detachment



WITNESS(ES) if applicable.

Note: Witnesses may include RCMP members you are NOT complaining about. If you are unsure, please write UNKNOWN and provide a brief, physical description of the witness(es) and/or member(s).

If you need more space, you may attach additional sheets of paper to this form.

First Name, Last Name	Contact Information (address, phone, email)

If you have provided the information requested above, your complaint should be complete.

After your submission is reviewed by an Intake Agent, you will receive correspondence on the status of your complaint, along with information explaining future steps in the complaint process. Although not necessary, should you still feel that you need to speak with an Intake Agent by phone please indicate below :

- the best number to reach you at
- a brief explanation why a call back is being requested

Please note that two attempts to contact you by phone will be made, which may take up to 15 business days. Calls will be placed during regular business hours Monday to Friday (Eastern Daylight Time) and may result in a delay in your complaint being reviewed.

Phone Number:

BRIEF EXPLANATION

If you need more space, you may attach additional sheets of paper to this form.



PRIVACY & DISCLOSURE OF PERSONAL INFORMATION

By submitting a completed complaint form, you are authorizing the Commission to collect your personal information for the purposes related to Parts VI, VII, VII.1 and VII.2 of the RCMP Act. This information is held in personal information bank CRCC PPU 005, and you have a right to access this information in accordance with the *Privacy Act*.

NOTE: Completed public complaint forms, along with all other relevant documentation you provide to the CRCC will be forwarded to the RCMP for investigation pursuant to subsection 45.53(10) of the RCMP Act and an RCMP investigator may contact you to obtain a statement.



ACKNOWLEDGEMENT

PUBLIC USE ONLY (please note that complaint forms must be signed and dated)

I have reviewed this completed public complaint form and the information I have provided is true and accurate to the best of my knowledge.

Name (print): _____

Signature: _____

Date (Required): _____

(YEAR, MONTH, DAY)

RCMP USE ONLY (to be signed by RCMP members if form is completed on behalf of an individual)

I have reviewed this completed form with the individual and the information provided is true and accurate to the best of their knowledge.

Name & rank (print): _____

Signature: _____

Date (Required): _____

(YEAR, MONTH, DAY)



CONTACT INFORMATION

Completed complaint forms can be submitted

BY MAIL

Civilian Review and Complaints
Commission for the RCMP

P.O. Box 1722, Station B
Ottawa, ON K1P 0B3

Complaint forms may also be completed

ONLINE

www.complaintscommission.ca

BY FAX

1-613-960-6147



Read these instructions carefully before filling out this application. Applications cannot be processed until **ALL** required documentation is submitted. A legal change of name takes **at least 4 to 6 weeks to process**. Applications submitted with incomplete forms or missing documentation take significantly longer.



Newly married? You do not need to complete a legal change of name to use your spouse's surname (last name). Section 3 of the *Name Act* allows you to assume your spouse's surname upon marriage. Your marriage certificate is the legal document that provides proof of your right to assume your spouse's surname.

Are there situations when I should legally change my surname after marriage?

- Yes, if you want to update your immigration or citizenship documents to reflect a new name or a married surname.

Take into consideration that if you were born in B.C., changing your surname legally will change your surname on your birth certificate and your current marriage certificate. If you were born or married outside of B.C. but within Canada, contact your birth/marriage province to find out how it will affect your records.

How to Fill Out the Application for Change of Name

1 ELIGIBILITY - Eligible applicants are:

1. Age 19 or older. **Note** - If you are under 19 but are a parent with custody of your child, you may apply to change your name or that of your child, without consent from your parent(s).
2. Changing their own name, or are a parent changing the name of their minor child(ren) (18 years of age or younger).
3. Currently living in B.C. and have done so for at least three months immediately prior to the date of application.

2 COMPLETING THIS FORM

Select the pages you need to complete using the table below as a guide. If you fill out the form by hand, print clearly and use black or blue ink only. Applications completed with pencil will not be accepted. If you are including more than one child in your application, photocopy or print additional copies of applicable pages in Part 2.

If you are...	
An adult (19 years of age or older) changing your name only	<ul style="list-style-type: none"> • Part 1A (pg 5) and Part 1B (pg 6). • Fees section (pg 3). • Search Application (pg 4) only if missing a B.C. birth or marriage document.
A parent changing BOTH your name AND the name of your child(ren) who is/are 18 years of age or younger	<ul style="list-style-type: none"> • Part 1A (pg 5) and Part 1B (pg 6) with your information - not your child's. • Part 2A and 2B (pg 7-8). Complete a separate Part 2A and 2B for each child included in the change of name application. • Pages 9 and 10 (if you are requesting a waiver of parental consent). • Fees section (pg 3). • Search Application (pg 4) only if missing a B.C. birth or marriage document.
A parent and are NOT changing your own name, but ARE changing the name of your child(ren) who is/are 18 years of age or younger	<ul style="list-style-type: none"> • Part 1A (pg 5) and Part 1B (pg 6) with your information - not your child's. • Part 2A and 2B (pg 7-8). Complete a separate Part 2A and 2B for each child included in the change of name application. • Pages 9 and 10 (if you are requesting a waiver of parental consent). • Fees section (pg 3). • Search Application (pg 4) only if missing a B.C. birth document.

How do I get a certified copy of a document?



Take the original document to an authorized person listed in step 4 on page 3. The authorized person will photocopy the original, then certify that it is a copy of the original document by stamping and signing it. **(For a fee of \$17, the Vital Statistics Vancouver office located at 250-605 Robson Street will witness your signature on the statutory declaration and certify any original documents that are required to be submitted with your application.)**

TIP: The same person who witnesses your signature on the statutory declaration(s) required for your application can provide you with certified copies. Signatures and certified copies are valid for six months only.

3 SUPPORTING DOCUMENTS

Submit **ALL** the supporting documentation that applies to your situation.

TIP: Highlight or put a check mark next to documents that you need to include with your application.

If you are an adult changing your own name and you...	Submit...
Were born in Canada	All original birth certificates with a registration number.
Were born outside of Canada	Certified copies of BOTH sides of your MOST RECENTLY ISSUED Permanent Resident Card or Canadian Citizenship Card/Certificate.
Have changed your name before	All original Canadian change of name certificates.
Got married in British Columbia (not applicable if divorced or widowed)	All original British Columbia marriage certificates with a registration number or a photocopy if the marriage certificate already lists the exact proposed name. NOTE - We CANNOT accept commemorative certificates, marriage licences, or certificates issued by a church.
Got married in another Canadian province (not including B.C.)	A photocopy of a marriage certificate is only required if it explains the use of a surname on a document submitted or written on your application.
Got married outside of Canada	A photocopy of a marriage certificate is only required if it explains the use of a surname on a document submitted or written on your application.
For all adult applicants	A photocopy of the receipt provided by the official who took your fingerprints electronically. The date on the receipt must be within 30 days of the date your application is received in our office. A photocopy of your picture ID.

If you are a parent changing the name of your child(ren)...	Submit...
And the child(ren) was/were born in Canada	All original birth certificates with a registration number and showing parentage.
And the child(ren) was/were born outside of Canada	Certified copies of the following: <ul style="list-style-type: none"> BOTH sides of each child's MOST RECENTLY ISSUED Permanent Resident Card or Canadian Citizenship Card/Certificate. Birth certificate or adoption papers from the country of birth showing parentage. Provide certified English translations if these are not in English.
Have documents that are not in English	Certified English translation of the documents.
And the name either parent uses now is different from the one listed on your child(ren)'s birth certificate	Documentation showing how you came to have your current name. (i.e. marriage certificates, change of name certificates, letter of explanation.)
And you are married	A photocopy of your marriage certificate.
Have changed the name of your child(ren) before	All original Canadian change of name certificates.
For each child 12 to 18 years of age	A letter handwritten in ink by your child(ren) providing his/her reasons for wanting a change of name. Have each child sign and date his/her letter. Each child 12-18 must also sign in Part 2A - Child's Consent.
All parents	A photocopy of picture ID (e.g. driver's licence) for all parents listed on each child's birth registration showing their current addresses. The applicant's address must match the residential address on Part 1A (page 5).



Important Information for Parents Changing the Name of Children (18 or Younger)

Who Can Apply as a Parent?

A person who is legally documented on a birth certificate as a parent of the child. Legal guardianship is not sufficient.

Consent of the Other Parent/Guardian(s) When Changing the Name of Children 18 Years of Age and Younger

If the other parent/guardian(s) will not or cannot provide consent, you must request that Vital Statistics waive their consent. Review *Obtaining a Waiver of Parental Consent* on pages 9 and 10 for information about requesting a waiver.

4 STATUTORY DECLARATION

Sign the statutory declaration(s) in front of one of the authorized persons listed below:

- Individual appointed by the Attorney General as a commissioner for taking affidavits
- Practicing lawyer or articulated law student
- Notary public

Note - These individuals charge for their services and their fees can vary. (For a fee of \$17, the Vital Statistics Vancouver office located at 250-605 Robson Street will witness your signature on the statutory declaration and certify any original documents that are required to be submitted with your application.) All applicants must sign the statutory declaration on page 6 **at the same time as it is certified**. Dates signed must match. **Any parent applicant using the statutory declaration on page 9 must also sign at the same time that it is certified.** Statutory declarations are valid for six months only.

5 FINGERPRINTING

Anyone who is **BOTH** 18 years of age or older **AND** changing his or her name must have fingerprints taken as part of a criminal record check - *Name Act* (RSBC 1996 c. 328). **PARENTS** - If you are changing the name of your child(ren) only and not your own name, you do **NOT** need to get your fingerprints taken.

Where can I have my electronic fingerprints taken?

- Most RCMP detachments
- Vancouver Police
- Victoria Police
- Any RCMP-accredited fingerprinting company or its affiliate who submit fingerprints electronically for the purposes of criminal record checks. For a list of accredited companies, visit: <http://www.rcmp.gc.ca/en/where-do-get-a-criminal-record-check>.

What do I submit with my Change of Name Application?

Fingerprinting officials collect a fee for taking fingerprints in addition to the criminal record check fee of \$25, and will provide you with a receipt for your payment. Include a **photocopy of the original receipt** given with your application.

Important Notes

- Fingerprints are only used for the purpose required by the *Name Act* and confirmation of the criminal record check should be *returned to the applicant directly* from the RCMP.
- **Do NOT send Vital Statistics a copy of your fingerprints or criminal record check results.**
- The date on the receipt must be **within 30 days of the date your application is received** in our office.

6 PAYMENT & FEES

Submit payment for your application **in Canadian funds** using the table below to calculate the amount owed. Fees below do not include the cost of obtaining certified copies or translations, having your signature witnessed on a statutory declaration, or replacing documents following the change of name.

<input type="checkbox"/> Adult (19 years of age or older)	\$137 Name Change Fee
<input type="checkbox"/> Adult (19 years of age or older) with dependent child (18 years old or younger)	\$137 Name Change Fee \$ 27 For each child
<input type="checkbox"/> Child only (18 years of age or younger)	\$137 Name Change Fee for first or only child \$ 27 For each additional child
<input type="checkbox"/> Birth Search (Fill out application on page 4.)	\$ 27 For each search (B.C. events only)
<input type="checkbox"/> Marriage Search (Fill out application on page 4.)	\$ 27 For each search (B.C. events only)

Payment Method:

☐ Certified Cheque (No personal or postdated cheques) ☐ Money Order ☐ Visa ☐ MasterCard ☐ American Express

Amount
Enclosed \$ _____

Interac/Cash payment may be made in person at any Service BC office. If paying by certified cheque or money order, make payable to the **Minister of Finance**.

X

Card holder signature

PRINT card holder name as shown on credit card

Note: Credit card information is not retained. Upon authorization of the payment request, all credit card information is destroyed.

Credit Card # _____ Expiry date _____

Applications missing information or documentation are held for 90 days. If you do not respond to a request for information within 90 days, your file will be cancelled and the fee of \$137 will be retained to cover the administrative costs.

7 SUBMIT YOUR APPLICATION

Place **all** documentation and the completed application into a suitably-sized envelope and submit it with payment in person at a Service BC office (Visit <http://www.servicebc.gov.bc.ca> to find your nearest Service BC location.) or by mail to the address below:

Vital Statistics Agency
ATTN: CONFIDENTIAL SERVICES
PO Box 9657 Stn Prov Govt
Victoria BC V8W 9P3

Note: Applications may also be submitted at the Vital Statistics Vancouver office located at 250-605 Robson Street.

Search Applications for Birth or Marriage Events that Occurred in British Columbia

If you do not have an original birth or marriage certificate to submit with your Application for Change of Name, you can request that Vital Statistics search for the event instead of ordering the certificate **if the birth and/or marriage occurred in British Columbia**. Simply fill out the application(s) below and then check the box(es) beside Search Fee \$27 when completing the Application for Change of Name. **Include \$27 for each search** requested when you are submitting your application.



If you need Vital Statistics to search BIRTH events for several people in a family (e.g. Mom, plus one or more children), photocopy or print additional copies of this page. A search application must be completed for each person requiring a search for a BIRTH event.

Please search for the following BIRTH event that occurred in British Columbia:

Full name of person named in birth event, as listed at time of birth or following a previous change of name (NOT a married surname)									
Surname (Last Name)			First Name				Middle Name(s)		
Date of Birth	Month (e.g. Feb)	Day	Year	Place of Birth	City/Town/Village			Province BRITISH COLUMBIA	Sex
FATHER/ PARENT INFO	Surname (Last Name)			First Name			Middle Name(s)		
	Birthplace (City, Province/State, Country)								
MOTHER/ PARENT INFO	Surname (Last Name) as listed on current birth or change of name certificate			First Name			Middle Name(s)		
	Birthplace (City, Province/State, Country)								

Please search for the following MARRIAGE event that occurred in British Columbia:

Date of Marriage	Month (e.g. Feb)	Day	Year	Place of Marriage	City/Town/Village			Province BRITISH COLUMBIA
Provide your SPOUSE'S information below:								
Spouse's Last Name (at the time of marriage)			Spouse's First Name			Spouse's Middle Name(s)		
Spouse's Birthplace (City, Province/State, Country)								

General Information

After your change of name application has been processed:



- Vital Statistics will send a *Certificate of Change of Name* to your mailing address. This certificate will show your previous name as provided in your foundation identity document, and your new name. If you have included your child(ren) in your application, their names will also be listed on the certificate.
- Your Canadian birth certificate will be amended to list your new name. If you were born in Canada, you will need to order a new birth certificate from your birth province. Be sure to advise them of your recent change of name when placing the order for your new certificate(s). BC Vital Statistics will send an electronic notification to other provinces following the registration of a change of name.

NOTE - Certificates issued in British Columbia are printed in uppercase lettering only.

- If you were married in Canada, your name change *may* affect your current marriage certificate. Contact your marriage province for advice. A name change does not affect a surname assumed by marriage.
- You are responsible for notifying other agencies of your name change and for replacing all applicable documents and identification, such as your BC Driver's Licence or BC Identification card, BC Services Card, Canadian Passport, etc.

What happens to documents submitted with your application?

Document	Returned	Not Returned
B.C. and other Canadian birth certificates		Destroyed
B.C. marriage certificates		Destroyed
Certificates from previous name change(s)	✓ Stamped with "Historical Document. Not to be accepted as proof of current legal name."	
Out-of-province marriage certificates	✓	
Certified documents (e.g. copies of immigration papers)		Kept on file

 PARENTS - Enter <u>your</u> information in Part 1(A) and 1(B) even if you are only changing your child's name and not your own. Provide your child's information in Part 2 (pg 7). <input type="checkbox"/> Check this box if you are not changing <u>your</u> name				OFFICE USE ONLY AFS # REG. #	
Adult's full name as currently listed on birth certificate, most recently issued immigration or citizenship documents, or change of name certificate. (NOT YOUR SURNAME BY MARRIAGE) Surname (Last Name) First Name Middle Name(s)					
Full name as you would like it to appear following the legal change of name (Leave this line blank if you are not changing your name.) Surname (Last Name) First Name Middle Name(s)					
Date of birth MMM DD YYYY		Sex	Place of Birth City/Town Province/State, Country		
Marital status <input type="checkbox"/> Married  <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married		Spouse's Surname _____ Place of Marriage (City/Town) _____		Date of Marriage MMM DD YYYY _____ Province/State, Country _____	
Is this application changing your surname to the surname of your spouse? You MUST check a box below. <input type="checkbox"/> No <input type="checkbox"/> Yes. I understand that if I was born in Canada this will change my name on my birth certificate, and may change my marriage certificate.					
Personal Health Number (PHN) (Used to confirm residency in B.C.) _____					
How can we contact you? Preferred Number _____		Phone No. (including area code) _____		Alternate Contact Number _____	
Preferred Email Address _____					
Place(s) of residence for last three months (ALL fields must be completed)					
Suite/Apt No. _____		Street No. _____		Street Name _____	
City/Town _____		Province B.C.		Postal Code _____	
Suite/Apt No. _____		Street No. _____		Street Name _____	
City/Town _____		Province B.C.		Postal Code _____	
Address for Letters or Certificate Mail to: <input type="checkbox"/> Above Address <input type="checkbox"/> Alternate Address Below: <i>(if different from above)</i>					
Name/Organization _____					
Suite/Apt No. _____		Street No. _____		Street Name _____	
City/Town _____		Province/State, Country _____		Postal/ZipCode _____	
Documentation (Check applicable for <u>each</u> section.)				Notes	
Proof of Birth If born in Canada - Original birth certificate with a registration number. <input type="checkbox"/> Enclosed <input type="checkbox"/> \$27.00 Search Fee (If you were born in British Columbia and do not have a birth certificate, complete a Search Application on page 4.) If born outside of Canada - Certified copy of immigration or citizenship documents. <input type="checkbox"/> Enclosed				Provide certified copies of BOTH sides of your MOST RECENTLY ISSUED Permanent Resident Card or Canadian Citizenship Card/ Certificate.	
Proof of Marriage Marriage certificate with registration number <i>(not applicable if divorced or widowed)</i> . <input type="checkbox"/> N/A <input type="checkbox"/> Original enclosed (If married in B.C.) <input type="checkbox"/> Photocopy enclosed (If married outside of B.C., a photocopy may be required to show continuity of usage of names.) <input type="checkbox"/> Photocopy enclosed (If B.C. marriage certificate already lists your exact proposed name.) <input type="checkbox"/> \$27.00 Search fee (If you were married in B.C. and do not have a marriage certificate, complete a Search Application on page 4.)				If you are changing your child's surname to that of your spouse, provide a photocopy of your marriage certificate.	
Proof of Electronic Fingerprinting Photocopy of the receipt you received from the fingerprinting agency for electronic fingerprinting (18 years of age or older). <input type="checkbox"/> N/A <input type="checkbox"/> Enclosed - The date on the receipt must be within 30 days of the date your application is received in our office.				If you are 18 years of age or older, provide a photocopy of the receipt for your payment for electronic fingerprinting.	
Previous Name Change Have you previously had a legal change of name in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes - The original Canadian change of name certificate(s) is/are enclosed. <input type="checkbox"/> Yes - I do NOT have the original Canadian change of name certificate(s).				Returned to you stamped with: "Historical Document. Not to be accepted as proof of current legal name".	

Statutory Declaration

Check applicable:

- ☐ I am applying as a single applicant to change my name only. Complete Section 2.
- ☐ I am a parent applying for myself and my child(ren)'s name change(s). Complete Sections 1 & 2.
- ☐ I am a parent applying on behalf of my child(ren) only. I am not changing my name. Complete Sections 1 & 2.

Section 1 - To be completed by the applicant parent

Only a parent recognized on the child's birth certificate or those being listed on the child's immigration documentation can apply to change a child's name. However ALL PARENTS and/or CUSTODIAL GUARDIANS must sign consent to a child's name change.

Write your INITIALS beside any/all situations that apply to you:

I have included all custodial/guardianship court order(s) for my child(ren) within this application.

The court order(s) included is(are) a final order OR the court order(s) included is(are) still valid and in effect.

List any future court dates:

OR

I do not have any custodial/guardianship court order(s) for my child(ren).

The other parent was not recorded on the child(ren)'s birth restration(s) and there is no custodial/guardianship court order in place for my child(ren).

The other parent and I are still married and there is no custodial/guardianship court order in place for my child(ren).

The other parent and I were married but no longer live together, and there is no custodial/guardianship court order in place for my child(ren).

The other parent and I were never married and there is no custodial/guardianship court order in place for my child(ren).

Section 2 - To be completed by ALL applicants

I have read the application and to the best of my knowledge, information and belief, the statements made are true in substance and in fact.

AND

I understand that any documentation submitted to support this application may be verified for validity and/or authenticity with the issuing authority and I provide my consent to the Vital Statistics Agency to complete this verification.

AND

I understand that the Vital Statistics Agency must use the exact name recorded on my birth certificate, immigration or citizenship document, or change of name certificate, and if I record a name other than that name on my application form the Vital Statistics Agency will amend my application to match.

AND

I have enclosed all original birth certificates, marriage certificates (B.C. only) and historical change of name certificates in my possession and I understand that any Canadian birth certificates and B.C. marriage certificates will not be returned on completion of the name change.

AND

I understand that all previously issued birth certificates, B.C. marriage certificates and change of name certificates will be cancelled under Section 40.1 (1)(h) of the Vital Statistics Act, and that to use any cancelled certificates may constitute a fraudulent action.

AND

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Day Month Year

Declared before me at

City

in the Province of British Columbia, this

Day

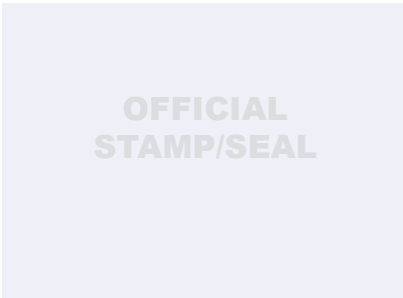
day of

Month

Year







Signature of Commissioner for Taking Affidavits, Lawyer, Articled Law Student, or Notary Public


(Note - Authorized individuals charge a fee for witnessing your signature.)



Documentation	Notes	Office Use Only
<div>All Applicants</div> <div>Photocopy of applicant's picture ID (e.g. driver's licence) showing their current address. A copy of a recent utility bill in the applicant's name (e.g. BC Hydro bill) is acceptable proof of the current address if it is not listed on identification.</div> <div>Photocopy of picture ID is enclosed</div>	<div>The address listed on the applicant's picture ID must match the residential address provided in Part 1A on page 5.</div>	


This information is collected by the Vital Statistics Agency under section 26(c) of the Freedom of Information and Protection of Privacy Act, and will be used to fulfill the requirements of the Vital Statistics Act for the release of change of name information. Should you have any questions about the collection of this personal information, please contact: Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3

Child's full name as currently listed on birth certificate, most recently issued immigration or citizenship documents, or change of name certificate																
Surname (Last Name)		First Name		Middle Name(s)												
Child's full name as it will appear following the legal change of name (Names on Part 2A and Part 2B must match exactly .)																
Surname (Last Name)		First Name		Middle Name(s)												
Date of birth		Sex	Place of birth													
MMM	DD	YYYY	City/Town	Province/State and Country												
Has your child previously had a legal change of name in Canada? (Check applicable)																
<input type="checkbox"/> No <input type="checkbox"/> Yes - ALL original Canadian change of name certificates are enclosed. (This certificate will be stamped "Historical Document. Not to be accepted as proof of current legal name" and will be returned to you upon completion of this application.) <input type="checkbox"/> Yes - I do NOT have the original Canadian change of name certificate(s).																
Indicate what identification you have enclosed to prove your child's parentage																
Child born in Canada:		Child born outside of Canada - CERTIFIED COPIES of:														
<input type="checkbox"/> Original Canadian birth certificate showing parentage <input type="checkbox"/> \$27.00 Search fee (My child was born in British Columbia but I do not have their birth certificate. I have completed a Search Application on page 4)		<input type="checkbox"/> BOTH SIDES of child's MOST RECENTLY ISSUED Permanent Resident Card or Canadian Citizenship Card/Certificate <input type="checkbox"/> Child's original birth certificate showing parentage <input type="checkbox"/> English translation of birth certificate if not in English														
CHILD'S CONSENT - Children 12 to 18 years of age MUST provide: <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Signature																
I hereby give my consent to change my name as stated in this application																
Child's Signature 		Signature of Witness 														
* Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>					MMM	DD	YYYY	* Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>						MMM	DD	YYYY
MMM	DD	YYYY														
MMM	DD	YYYY														
* Dates must match																
<input type="checkbox"/> Letter <u>handwritten in ink</u> by child is attached.																
CONSENT OF OTHER PARENT/GUARDIAN(S)																
If the other parent/guardian(s):																
<ul style="list-style-type: none"> consents to the change of name, they must complete Part 2B - "Other Parent's Consent" on page 8. is/are not listed on the birth registration, complete section I below. is/are listed on the birth registration but you have a valid reason to waive their consent, complete section II below. 																
I. Other Parent is Not Listed																
<input type="checkbox"/> No other parent is recorded on the birth registration of the child whose name is to be changed.																
Applicant's Signature 		Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>						MMM	DD	YYYY						
MMM	DD	YYYY														
II. Request for Waiver (A - E) See pages 9 and 10 for information about reasons for waivers and what to submit with your request.																
I request that the consent of the other parent/guardian(s): _____ be waived for the following reason(s): _____																
Last Name(s) First Name(s)																
<p>A <input type="checkbox"/> The other parent/guardian(s) cannot be located after a reasonable, diligent and adequate search has been conducted as demonstrated by statutory declaration and supporting evidence maintained in the change of name file. A custody or guardianship order is required for this option. Obtain an order prior to making application.</p> <p>B <input type="checkbox"/> The other parent/guardian(s) is/are deceased, proven by a copy of a government-issued death certificate maintained in the change of name file.</p> <p>C <input type="checkbox"/> The other parent/guardian(s) is/are unreasonably withholding consent to the change of name.</p> <p>D <input type="checkbox"/> The other parent/guardian(s) is/are mentally disordered, as demonstrated by statutory declaration and supporting evidence.</p> <p>E <input type="checkbox"/> Exceptional circumstances make it unreasonable to seek the consent of the other parent/guardian(s). Unless you can provide a valid court ordered restraining order/no contact order between the other parent/guardian(s) and the child(ren) this option does not apply.</p>																
Applicant Signature 		Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>						MMM	DD	YYYY						
MMM	DD	YYYY														
CONSENT OF SPOUSE OF APPLICANT (Only if Child's surname is changing to that of the Applicant's Spouse.)																
I, _____, am the spouse of the applicant and hereby give my consent for the above-listed child to change his/her surname to be the same as mine.																
Name (Printed)																
Signature of Applicant's Spouse 		Signature of Witness 														
* Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>					MMM	DD	YYYY	* Date <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td></tr><tr><td>MMM</td><td>DD</td><td>YYYY</td></tr></table>						MMM	DD	YYYY
MMM	DD	YYYY														
MMM	DD	YYYY														
* Dates must match																



If more than one child is included in the change of name application, or if there is more than one other parent/guardian, please photocopy or print additional copies of this page.

Full name(s) of other parent/guardian(s) as listed on the birth registration of child or within court orders.					
Surname (Last Name)		First Name		Middle Name(s)	
Suite/Apt No.	Street No.	Street Name		City/Town	
Province/State, Country		Postal/Zip Code		Phone No. (including area code)	
Child's full name as it will appear following the legal change of name (Names on Part 2A and Part 2B must match exactly .)					
Surname (Last Name)		First Name		Middle Name(s)	
Child's date of birth		Sex	Child's place of birth		
MMM	DD	YYYY		City/Town	Province/State, Country



Anyone can witness the signature of the other parent/guardian(s), but the other parent/guardian(s) and the witness must sign **at the same time**. Signatures are valid for six months only.

Consent of Other Parent/Guardian(s)

I _____ have read the information provided on this page and to the best of my knowledge, information and belief, the statements made are true in substance and in fact.

AND

I understand that any documentation submitted to support this application may be verified for validity and/or authenticity with the issuing authority and I provide my consent to the Vital Statistics Agency to complete this verification.

AND


I have enclosed all original birth certificates and historical change of name certificates in my possession for each child named in this application. I understand that any Canadian birth certificates will not be returned on completion of the name change.

AND

I understand that all previously issued birth certificates and change of name certificates for each child named in this application will be cancelled under Section 40.1 (1)(h) of the *Vital Statistics Act*, and that to use any cancelled certificates may constitute a fraudulent action.

AND

I understand that by consenting to change the name(s) for my child, I will still remain listed as a parent on my child's birth registration, if I am currently listed.



Signature(s) of Other Parent/Guardian(s)

Signature of Witness

* Date

MMM

DD


YYYY

* Date

MMM

DD

YYYY



* Dates must match

Full name, address, and phone number of witness to signature(s) of other parent/guardian(s)					
Surname (Last Name)		First Name		Middle Name(s)	
Suite/Apt No.	Street No.	Street Name		City/Town	
Province/State, Country		Postal/Zip Code		Phone No. (including area code)	

Documentation		Notes	Office Use Only
Other Parent/ Guardian(s) Consenting to Child's Change of Name	Photocopy of other parent/guardian(s)' picture ID (e.g. driver's licence) showing their current address. A copy of a recent utility bill in the name of the other parent/guardian(s) (e.g. BC Hydro bill) is acceptable proof of the current address if it is not listed on identification. <input type="checkbox"/> Photocopy of picture ID is enclosed	The address(es) listed on the picture ID of the other parent/guardian(s) must match the residential address provided above.	

Statutory Declaration

This statutory declaration **MUST** be completed if the applicant is asking for a waiver of consent of the other parent/guardian(s) unless the other parent/guardian(s) is(are) deceased. See pages 7 and 10 for further details. Your Statutory Declaration must include **ALL** of the following information:

If you require more space, attach a separate sheet of paper.

1. Explain in detail all attempts that have been made to gain the consent of the other parent/guardian(s), including contact with relatives, friends, proof of attempted contact or conversation threads regarding the change of name through social media (e.g. Facebook), texting, email threads etc.
2. When was your last contact with the other parent/guardian(s)?
3. What is the last known contact information you have for the other parent/guardian(s)? **(Include full addresses, phone numbers, email addresses, or state that all contact information is unknown.)**
4. Do you receive child support from the other parent/guardian(s)?
5. Are you registered with the Family Maintenance Enforcement Program (FMEP)? **If yes, submit a copy of the most recent statement.**
6. Outline any reasons why you feel the change of name is in your child(ren)'s best interest.
7. If the custody/guardianship order submitted with your application is not a final order, state whether or not it is still valid and in effect. As well, include any future court dates.

IMPORTANT - Select one:

☐ I authorize or ☐ I do not authorize the Vital Statistics Agency to use the contact information provided with my application and/or supporting documentation when contacting the other parent/guardian(s) to seek approval for the application.

CANADA:
PROVINCE OF BRITISH COLUMBIA.
To Wit: } In the Matter of

I, _____ of _____
Applicant's Name City

in the Province of British Columbia, do solemnly declare that

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I verify that all supporting documents represent current circumstances and are in effect as of this date. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me at _____ in the _____ } **X** _____
Declarant's Signature

Province of British Columbia, this _____ day of _____ * } * _____
Day Month Year Day Month Year

X

Signature of Commissioner for Taking Affidavits, Lawyer, Articled Law Student, or Notary Public
(Note - Authorized individuals charge a fee for witnessing your signature.)

* Dates must match

OFFICIAL
STAMP/SEAL

The following is a list of grounds on which a waiver of parental/guardian consent may be approved and the documents required. Choose the one that best applies to your situation and provide **ALL** of the requested information. **If information cannot be provided, include a letter of explanation.**

<p>A) The other parent/guardian(s) cannot be located after a reasonable, diligent and adequate search has been conducted as demonstrated by the statutory declaration and supporting evidence maintained in the change of name file.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custody/guardianship order. Obtain an order from the courts <u>prior to</u> applying to legally change the name(s) of your child(ren). <input type="checkbox"/> In your statutory declaration list the full mailing address, phone numbers, email addresses and any other contact information for the parent/guardian(s) whose consent is(are) to be waived. <input type="checkbox"/> If you are unaware of the whereabouts of the other parent/guardian(s): <ul style="list-style-type: none"> <input type="radio"/> Include a list of the efforts you have made to determine their location; AND <input type="radio"/> Provide proof of attempted contact or conversation thread regarding the change of name through social media (e.g. Facebook), texting, email etc. <p>In your statutory declaration, you must include ALL of the information listed at the top of page 9, "Statutory Declaration-Request to Waive Consent of Other Parent/Guardian(s)".</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you are registered with the Family Maintenance Enforcement Program (FMEP), include a copy of your latest statement. If you are not registered with FMEP, include a statement indicating that you do or do not receive support from the other parent/guardian(s). <input type="checkbox"/> Children 12 years of age or older must write a brief letter in their own words describing why they would like their name to be changed. The letter must be handwritten in ink, and signed and dated <u>by the child</u>.
<p>B) The other parent/guardian(s) is(are) deceased, proven by a copy of a government-issued death certificate maintained in the change of name file.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of a government-issued death certificate of the person whose consent is to be waived.
<p>C) The other parent/guardian(s) is(are) unreasonably withholding their consent.</p> <ul style="list-style-type: none"> <input type="checkbox"/> In your statutory declaration, you must include ALL of the information listed at the top of page 9, "Statutory Declaration-Request to Waive Consent of Other Parent/Guardian(s)". <input type="checkbox"/> Provide proof of attempted contact or conversation thread regarding the change of name through social media (e.g. Facebook), texting, email etc. <input type="checkbox"/> If you are registered with the Family Maintenance Enforcement Program (FMEP), include a copy of your latest statement. If you are not registered with FMEP, include a statement indicating that you do or do not receive support from the other parent. <input type="checkbox"/> Children 12 years of age or older must write a brief letter in their own words describing why they would like their name to be changed. The letter must be handwritten in ink, and signed and dated <u>by the child</u>.
<p>D) The other parent/guardian(s) is(are) mentally disordered, as demonstrated by statutory declaration and supporting evidence</p> <ul style="list-style-type: none"> <input type="checkbox"/> A letter from a physician/court order stating the person whose consent is to be waived is incapable of understanding what they would be signing. <input type="checkbox"/> Children 12 years of age or older must write a brief letter in their own words describing why they would like their name to be changed. The letter must be handwritten in ink, and signed and dated <u>by the child</u>.
<p>E) Exceptional circumstances make it unreasonable to seek the consent of the other parent/guardian(s). Unless you can provide a valid court ordered restraining order/no contact order between the other parent/guardian(s) and the child(ren) this option does not apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> <ul style="list-style-type: none"> <input type="radio"/> A court ordered no contact order; OR <input type="radio"/> A court ordered restraining order; OR <input type="radio"/> A letter from the police indicating you would be in danger if you attempted to contact the parent/guardian(s) whose consent is required. <input type="checkbox"/> Children 12 years of age or older must write a brief letter in their own words describing why they would like their name to be changed. The letter must be handwritten in ink, and signed and dated <u>by the child</u>.

NOTE: Requirements identified in this information sheet are a guide only and the registrar general of the Vital Statistics Agency has the authority to ask for additional information.



Statements made in a statutory declaration are considered the equivalent of statements made in a Court of Law and may provide the basis for action against the applicant if they are proven to be fraudulent.

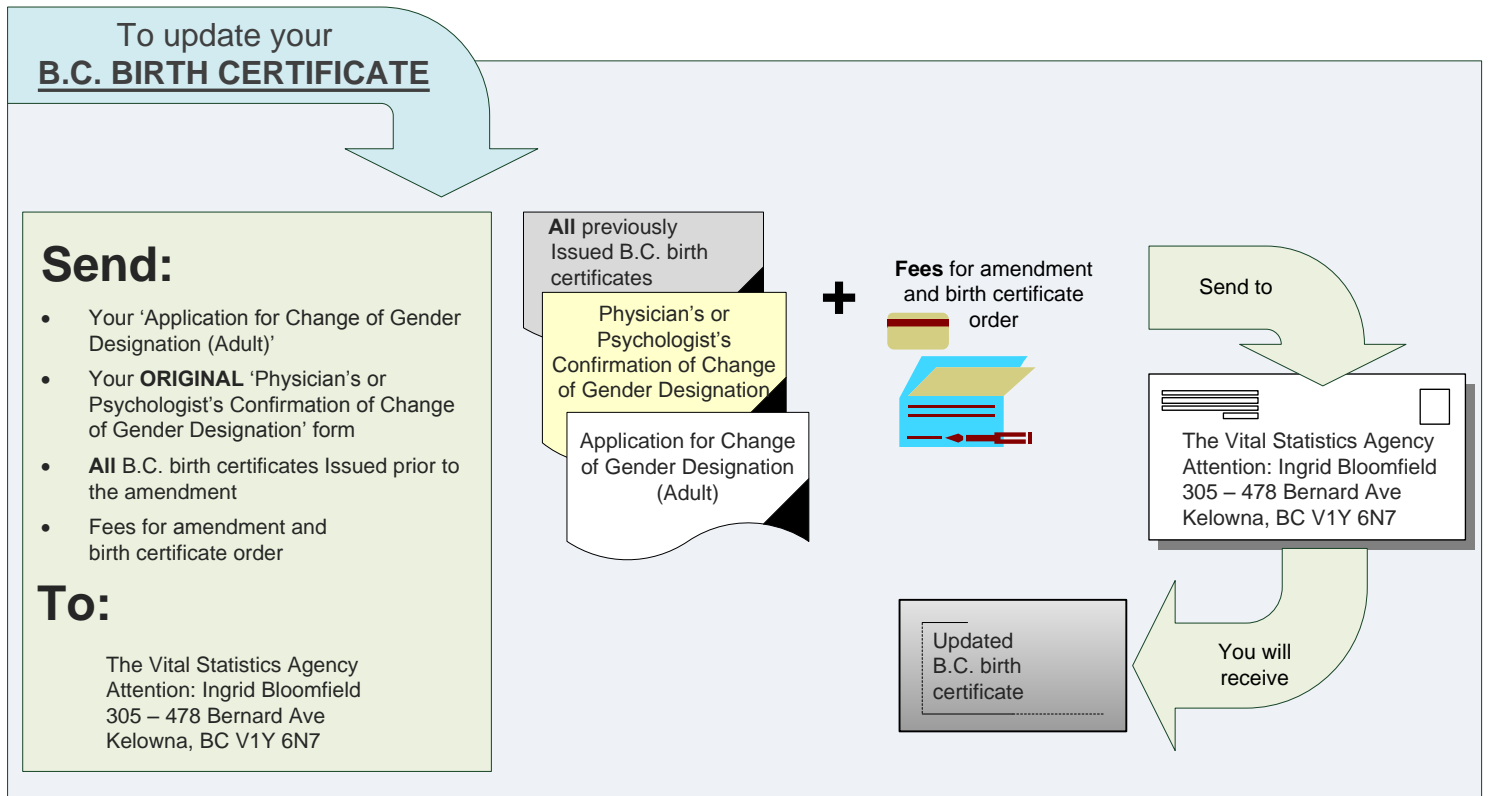
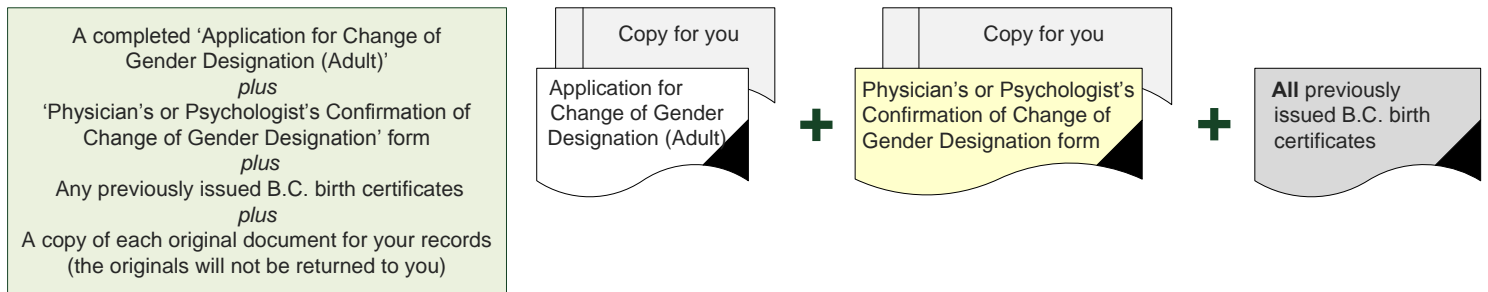
This information is collected by the Vital Statistics Agency under section 26(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to fulfill the requirements of the *Vital Statistics Act* for the release of change of name information. Should you have any questions about the collection of this personal information, please contact: Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3



Instructions for the APPLICATION FOR CHANGE OF GENDER DESIGNATION (ADULT)

The Application for Change of Gender Designation can be used to request an update of your **B.C. Birth Certificate**.

What You'll Need



APPLICATION FOR CHANGE OF GENDER DESIGNATION (ADULT) – CHANGING B.C. BIRTH CERTIFICATE

APPLICANT INFORMATION		FOR OFFICE USE ONLY
LEGAL SURNAME FOLLOWED BY LEGAL GIVEN NAME(S)		
MAILING ADDRESS		POSTAL CODE
BIRTHDATE (dd/mm/yyyy) <div style="text-align: center; color: lightgray;">DD / MM / YYYY</div>	TELEPHONE NUMBER, INCLUDING AREA CODE ()	
<p>The birth certificate is a foundation identity document which is required by many institutions to access programs and services, such as obtaining a passport or driver's licence.</p> <p>I, _____ (Print current legal name in full) solemnly declare that</p> <p>I make this application to change my gender designation captured as "Sex" on my B.C. birth certificate</p> <p style="text-align: center;"> FROM <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X TO <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X </p> <p>Check the applicable boxes and sign below to confirm that you have read and acknowledge the corresponding statements. (For male and female, check boxes 1 and 2 only. For gender X, check all four boxes.)</p> <div style="margin-left: 20px;"> <input type="checkbox"/> 1. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change in gender designation. <input type="checkbox"/> 2. I am providing a "Physician's or Psychologist's Confirmation of Change of Gender Designation" form (VSA 510p). <input type="checkbox"/> 3. I understand that the Province of British Columbia cannot guarantee acceptance of a birth certificate with an "X" designation by organizations or governments and that the "X" marker is not universally accepted. <input type="checkbox"/> 4. I understand that as the holder of a birth certificate, it is my responsibility to check with organizations and program areas that I intend to transact with about their application or enrolment requirements regarding birth certificates with an "X" designation. </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">X</p> <p style="text-align: center; margin: 0;">SIGNATURE OF APPLICANT</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.5em; color: lightgray; margin: 0;">DD / MM / YYYY</p> <p style="text-align: center; margin: 0;">DATE (dd/mm/yyyy)</p> </div> </div> </div>		

B.C. BIRTHS ONLY - DETAILS OF BIRTH AS CURRENTLY REGISTERED					
BIRTH DETAILS	SURNAME*	* NOTE: Provide your surname at birth/adoption or following a legal change of name even if you currently use a surname by marriage.			
	GIVEN NAME(S) & SEX	First	Middle Name(s)		Sex
	DATE & PLACE OF BIRTH	Month (e.g. Feb) <div style="text-align: center; color: lightgray;">MMM</div>	Day <div style="text-align: center; color: lightgray;">DD</div>	Year <div style="text-align: center; color: lightgray;">YYYY</div>	City
FATHER / PARENT DETAILS	SURNAME				
	GIVEN NAME(S)	First	Middle Name(s)		
	BIRTH PLACE	City	Province/State		Country
MOTHER / PARENT DETAILS	SURNAME†	†NOTE: Surname as per current birth or change of name certificate.			
	GIVEN NAME(S)	First	Middle Name(s)		
	BIRTH PLACE	City	Province/State		Country

†The mother's maiden surname is the last name she was given at birth, or if a legal change of name has been completed, her new last name as noted on the Certificate of Change of Name. In Canada, the mother's birth surname or surname following a legal change of name is always listed on the child's birth registration and the parental birth certificate, even if she is married.

PRIVACY INFORMATION
<p style="font-size: 0.8em;">This information is collected by the Vital Statistics Agency under section 26(c) of the <i>Freedom of Information and Protection of Privacy Act</i>, and will be used to fulfill the requirements of the <i>Vital Statistics Act</i> for the release of gender designation information. Should you have any questions about the collection of this personal information, please contact: Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3.</p> <p style="font-size: 0.8em;">This form is subject to verification and audit by the Province of British Columbia.</p>

See reverse (page 2) for fee information and to order new B.C. birth certificates.

B.C. BIRTH CERTIFICATE CONTACT INFORMATION

ENQUIRIES & CREDIT CARD ORDERS

Telephone: **250 952-2681** (Victoria & Outside B.C.)

Toll Free: **1 888 876-1633** (within B.C.)

Website: www2.gov.bc.ca/gov/content/life-events

ADDRESS ALL DOCUMENTS TO:

Vital Statistics Agency
ATTENTION: Ingrid Bloomfield
305 - 478 Bernard Ave
Kelowna BC V1Y 6N7

B.C. BIRTH CERTIFICATE SERVICES/ FEES

The \$27 amendment fee charged when you change the gender designation on your birth registration does not include a new birth certificate.

To order a new birth certificate(s), enter a quantity of 1 or 2 beside your selection below and add its cost to the amendment fee in the "Payment Methods" section at the bottom of this page. Different document types are mailed in separate envelopes. **All birth certificates issued before the amendment must be returned to Vital Statistics.**

Qty. (Limit 2 of each)	Description of Birth Documents	Cost Based on Delivery Type		Estimated Date of Delivery Once the Amendment is Complete	
		Mail	Courier	Mail	Courier**
	Individual information only - Includes the subject of the birth certificate's name, sex, place and date of birth. (12.5 cm x 17.7 cm)	\$27	\$60	Prints in 2 - 5 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.
	*Parental information included - Includes the subject of the birth certificate's name, sex, place and date of birth, plus names and birthplaces of parents listed on the registration. (12.5 cm x 17.7 cm)	\$27	\$60	Prints in 2 - 5 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.
	Registration Photocopy - A certified photocopy of the original birth registration completed at the time of birth. This document is seldom required for applications.	\$50	\$60	Prints within 20 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.

*Children (18 and under) require a birth certificate with **parental information included** for passport, school enrollment, and many other applications.

**Courier service is not made to post office boxes, apartment complexes, homes that use Super Box (community) mailboxes, or to basement suites. Instead, a delivery notice with instructions is left at the mailing address and the envelope is delivered to the nearest postal outlet. ID and signature are required upon pick up.

PAYMENT METHODS

☐ Cheque*

☐ Money Order*

☐ Visa

☐ MasterCard

☐ American Express

*Postdated cheques are not accepted. Make cheques or money orders payable to the Minister of Finance. Interac/Cash payments can be made in person at a Service BC office. (Visit www.servicebc.gov.bc.ca to find a location near you.)

AMOUNT ENCLOSED:

Amendment Fee \$ **27.00**

New Certificate(s) \$ _____

(See Services/Fees above)

Total Amount Enclosed \$ _____

X _____

Card holder signature

PRINT card holder name as shown on Credit Card

Credit Card # _____

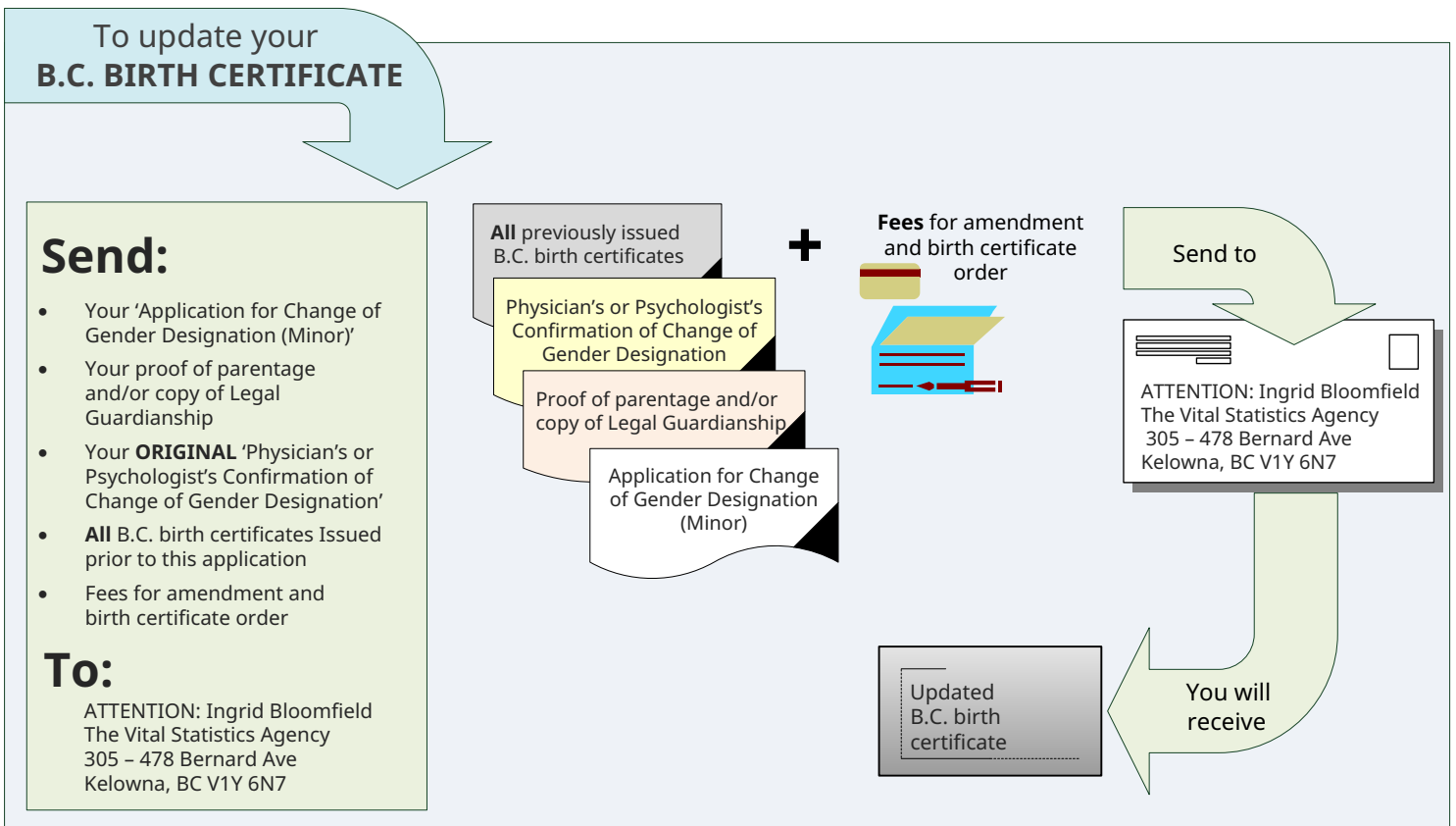
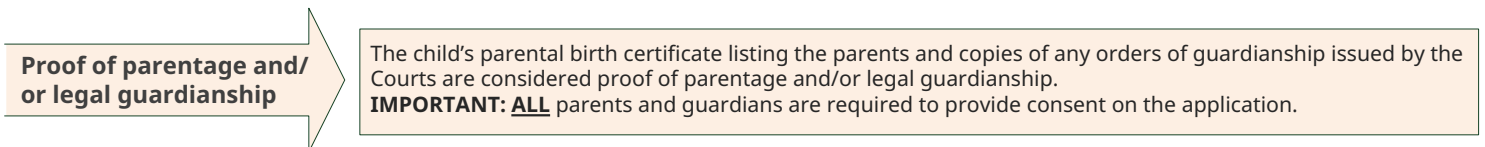
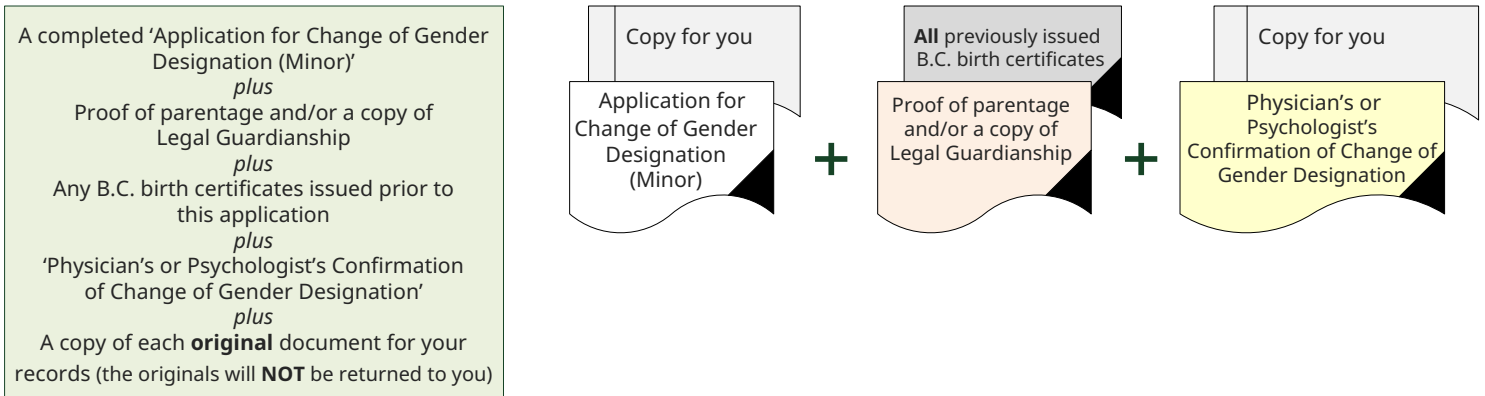
Expiry date _____

Note: Credit Card information is not retained. Upon authorization of the payment request, all credit card information is destroyed.

Instructions for the APPLICATION FOR CHANGE OF GENDER DESIGNATION (MINOR)

The Application for Change of Gender Designation (Minor) can be used to request an update to your **B.C. BIRTH CERTIFICATE** if you are a minor (under 19 years of age).

What You'll Need



APPLICATION FOR CHANGE OF GENDER DESIGNATION (MINOR) - CHANGING B.C. BIRTH CERTIFICATE

APPLICANT INFORMATION

LEGAL SURNAME FOLLOWED BY LEGAL GIVEN NAME(S)		FOR OFFICE USE ONLY: AFS#
MAILING ADDRESS	CITY/TOWN/VILLAGE, PROVINCE/STATE, COUNTRY	POSTAL/ZIP CODE
BIRTHDATE (DD/MM/YYYY) DD / MM / YYYY	TELEPHONE NUMBER (INCLUDING AREA CODE)	

The birth certificate is a foundation identity document which is required by many institutions to access programs and services, such as obtaining a passport or driver's licence.

I, _____, (PRINT CURRENT LEGAL NAME IN FULL) solemnly declare that I make this application to change my gender designation captured as "Sex" on my B.C. birth certificate

FROM ☐ Female ☐ Male ☒ X **TO** ☐ Female ☐ Male ☒ X

Check the applicable boxes and sign below to confirm that you have read and acknowledge the corresponding statements. (For male and female, check boxes 1 and 2 only. For gender X, check all four boxes.)

- ☐ 1. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change
- ☐ 2. I am providing a "Physician's or Psychologist's Confirmation of Change of Gender Designation" form (VSA 510p).
- ☐ 3. I understand that the Province of British Columbia cannot guarantee acceptance of a birth certificate with an "X" designation by organizations or governments and that the "X" marker is not universally accepted.
- ☐ 4. I understand that as the holder of a birth certificate, it is my responsibility to check with organizations and program areas that I intend to transact with about their application or enrolment requirements regarding birth certificates with an "X" designation.

X

SIGNATURE OF APPLICANT

DD / MM / YYYY

DATE (DD/MM/YYYY)

I, _____, NAME OF PARENT OR LEGAL GUARDIAN* hereby give consent for _____, NAME OF APPLICANT to change their gender designation

FROM ☐ Female ☐ Male ☒ X **TO** ☐ Female ☐ Male ☒ X

X

SIGNATURE OF PARENT OR LEGAL GUARDIAN*

DD / MM / YYYY

DATE (DD/MM/YYYY)

I, _____, NAME OF PARENT OR LEGAL GUARDIAN* hereby give consent for _____, NAME OF APPLICANT to change their gender designation

FROM ☐ Female ☐ Male ☒ X **TO** ☐ Female ☐ Male ☒ X

X

SIGNATURE OF PARENT OR LEGAL GUARDIAN*

DD / MM / YYYY

DATE (DD/MM/YYYY)

*GUARDIANS MUST PROVIDE LEGAL DOCUMENTATION PROVING GUARDIANSHIP.

DETAILS OF BIRTH AS CURRENTLY REGISTERED

SURNAME ON BIRTH RECORD		GIVEN NAME(S) ON BIRTH RECORD	SEX
BIRTHDATE (DD/MM/YYYY) DD / MM / YYYY	BIRTHPLACE (CITY/TOWN/VILLAGE)		BRITISH COLUMBIA
SURNAME OF FATHER/PARENT		GIVEN NAME(S)	BIRTHPLACE OF FATHER/PARENT (CITY, PROVINCE/STATE, COUNTRY)
MAIDEN SURNAME* OF MOTHER/PARENT		GIVEN NAME(S)	BIRTHPLACE OF MOTHER/PARENT (CITY, PROVINCE/STATE, COUNTRY)

*The mother's maiden surname is the last name she was given at birth, or if a legal change of name has been completed, her new last name as noted on the Certificate of Change of Name. In Canada, the mother's birth surname or surname following a legal change of name is always listed on the child's birth registration and the parental birth certificate, even if she is married.

PRIVACY INFORMATION

This information is collected by the Vital Statistics Agency under section 26(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to fulfill the requirements of the *Vital Statistics Act* for the release of gender designation information. Should you have any questions about the collection of this personal information, please contact:

Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3.

This form is subject to verification and audit by the Province of British Columbia.

SEE PAGE 2 OF THIS FORM FOR AMENDMENT FEE INFORMATION AND TO ORDER A NEW B.C. BIRTH CERTIFICATE

PLEASE NOTE:

The \$27 amendment fee charged when you change the gender designation on your birth registration does **not** include a new B.C. birth certificate. You must order a new certificate if you wish to have a birth certificate displaying the changed gender designation.

B.C. BIRTH CERTIFICATE SERVICES/FEEs

To order a new birth certificate(s), enter a quantity of 1 or 2 beside your selection below and add its cost to the amendment fee in the "Payment Methods" section at the bottom of this page. Different document types are mailed in separate envelopes. **All birth certificates issued before the amendment must be returned to Vital Statistics.**

Qty. (Limit 2 of each)	Description of Birth Documents	Cost Based on Delivery Type		Estimated Date of Delivery Once the Amendment is Complete	
		Mail	Courier	Mail	Courier†
#	Individual information only - Includes the subject of the birth certificate's name, sex, place and date of birth. (12.5 cm x 17.7 cm)	\$27	\$60	Prints in 2 - 5 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.
#	*Parental information included - Includes the subject of the birth certificate's name, sex, place and date of birth, plus names and birthplaces of parents listed on the registration. (12.5 cm x 17.7 cm)	\$27	\$60	Prints in 2 - 5 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.
#	Registration Photocopy - A certified photocopy of the original birth registration completed at the time of birth. This document is seldom required for applications.	\$50	\$60	Prints within 20 business days; add mailing time from Victoria B.C. to you.	Prints next business day; add courier delivery time from Victoria B.C. to you.

* Children (18 and under) require a birth certificate with **parental information included** for passport, school enrollment, and many other applications.

† Courier service is not made to post office boxes, apartment complexes, homes that use Super Box (community) mailboxes, or basement suites. Instead, a delivery notice with instructions is left at the mailing address and the envelope is delivered to the nearest postal outlet. ID and signature are required upon pick up.

B.C. BIRTH CERTIFICATE CONTACT INFORMATION

ENQUIRIES & CREDIT CARD ORDERS

Telephone: **250 952-2681** (Victoria & Outside B.C.)

Toll Free: **1 888 876-1633** (within B.C.)

Website: www.gov.bc.ca/vitalstatistics

ADDRESS ALL DOCUMENTS TO:

ATTENTION: Ingrid Bloomfield
Vital Statistics Agency
305 - 478 Bernard Ave
Kelowna BC V1Y 6N7

PAYMENT METHOD

☐ Cheque or Money Order payable to the Minister of Finance. (**Postdated cheques are not accepted.**)

☐ Credit Card: Please bill my: ☐ Visa ☐ MasterCard ☐ American Express

Interac/Cash payments can be made in person at a Service BC Centre. Visit www.servicebc.gov.bc.ca to find a location near you.

Card holder name: _____
PRINT card holder name as shown on credit card

Card holder signature: **X** _____

Credit Card #: _____ Expiry date: _____

Note: Credit card information is not retained. Upon authorization of the payment request, credit card information is destroyed.

Amount Enclosed:

Amendment Fee \$ 27.00

New Certificate(s) \$ _____
(See Services/Fees above)

Total Amount Enclosed \$ _____



ADULT GENERAL PASSPORT APPLICATION

for Canadians 16 years of age or over applying in Canada or the USA

Warning: Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, may result in the refusal to issue a passport, the revocation of a currently valid passport, and/or the imposition of a period of refusal of passport services, and may be grounds for criminal prosecution as per subsection 57 (2) of the Criminal Code (R.C.S. 1985, C-46).

Type or print in **CAPITAL LETTERS** using black or dark blue ink.

1 PERSONAL INFORMATION (SEE INSTRUCTIONS, SECTION I)

Surname (last name) requested to appear in the passport

Given name(s) requested to appear in the passport

All former surnames (including surname at birth if different from above. These will not appear in the passport.)

Mother's surname at birth

Place of birth

City Country Prov./Terr./State (if applicable)

Date of birth (YYYY-MM-DD) Sex ☐ F Female ☐ M Male ☐ X Another gender Natural eye colour Height (cm or in)

Current home address

Number Street Apt. City Prov./Terr./State Postal/ZIP code

Mailing address (if different from current home address)

Number Street Apt. City Prov./Terr./State Postal/ZIP code

Email address

Telephone (daytime)

Telephone (other)

Declaration—I solemnly declare that I am a Canadian citizen, that the photos enclosed are unaltered and a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true. I declare that I have read and understood the **Warning** at the top of this page and the **Privacy Notice Statement** (see section N). I consent to the collection, use and disclosure of my personal information as outlined in the Privacy Notice Statement.

Sign within border

Signature (see Instructions, section I)

Signed at

Date (YYYY-MM-DD)

City

Prov./Terr./State

2 DECLARATION OF GUARANTOR (SEE INSTRUCTIONS, SECTION J)

Note: You must complete and sign all **three (3)** pages of this application form before requesting that your guarantor validate and sign this section.

Surname (last name) in passport

Given name(s)

Date of birth (YYYY-MM-DD)

Canadian passport number

Date of issue (YYYY-MM-DD)

Date of expiry (YYYY-MM-DD)

Relationship to the applicant

Telephone (daytime)

Telephone (other)

Current home address

Number Street Apt. City Prov./Terr./State Postal/ZIP code

Declaration—I solemnly declare that I have known the applicant identified above personally for at least **two (2)** years. I have signed the back of one (1) of the photos to certify that the image is a true likeness of the applicant. Where applicable, I have signed and dated a copy of each document to support the applicant's identity (see section 5) to confirm that I have seen the original(s). I declare that I have read and understood the **Warning** at the top of page 1 of this application and the **Privacy Notice Statement** in section N of the instructions. I consent to the collection, use and disclosure of my personal information as outlined in the Privacy Notice Statement.

Signature of guarantor

I have known the applicant for

Date (YYYY-MM-DD) Signed at

Number of years

City

Prov./Terr./State

3 PREVIOUS CANADIAN TRAVEL DOCUMENT (SEE INSTRUCTIONS, SECTION K)

- Has a Canadian travel document (passport, certificate of identity or refugee travel document) been issued to you in your current name or any other name?

☐ No ☐ Yes (specify)

Number	Date of issue (YYYY-MM-DD)
--------	----------------------------

If the Canadian travel document has not expired, you must include it with your application.

Any passport that is damaged or was ever reported as lost or stolen will not be returned and will be securely destroyed to protect your personal information.

- Would you like the previous passport to be cancelled and returned to you?

☐ **Yes, please return it to me. If this box is not checked, the passport will not be returned and will be securely destroyed.**

Note: If a Canadian travel document has been reported lost, stolen, damaged or is inaccessible, and has not yet expired, complete form PPTC 203, *Declaration concerning lost, stolen, inaccessible, damaged or found Canadian travel document*, available online at Canada.ca/passport. **A Canadian travel document is no longer valid if damaged or reported as lost, stolen, or inaccessible.** There is an administrative fee for the replacement of a lost or stolen Canadian travel document that has not yet expired.

4 PROOF OF CANADIAN CITIZENSHIP (SEE INSTRUCTIONS, SECTION M)

A To be completed if you were **born in Canada**. Provide **one (1)** of the documents listed below (**original only**):

<input type="radio"/> Canadian provincial or territorial birth certificate	Registration number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of issue <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="radio"/> Certificate of Canadian citizenship	Certificate number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of issue or Effective date of citizenship <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

B To be completed if you were **born outside of Canada**.

1) Provide one (1) of the documents listed below (original only):

- | | |
|---|--|
| <input type="radio"/> Certificate of Canadian citizenship

<input type="radio"/> Certificate of registration of birth abroad
(issued by the Registrar of Canadian Citizenship) | <input type="radio"/> Certificate of naturalization

<input type="radio"/> Certificate of retention of Canadian citizenship
(issued before February 15, 1977) |
|---|--|

Certificate number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of issue or Effective date of citizenship <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---

2) To be completed if you were born outside of Canada between February 15, 1977 and April 16, 1981 inclusive (you do not need to complete this section if you are presenting a certificate of Canadian citizenship issued after January 1, 2007).

a) Are you a naturalized Canadian, i.e. did you receive Canadian citizenship following immigration to Canada?

☐ Yes, go to section 5 ☐ No, continue to question b)

b) Was one of your parents born in Canada?

☐ Yes, go to section 5 ☐ No, complete and submit form PPTC 001, *Proof of Canadian Citizenship—Additional Information*, available online at Canada.ca/passport.

5 DOCUMENTS TO SUPPORT IDENTITY (SEE INSTRUCTIONS, SECTION L)

You need to provide at least **one (1)** document to support your identity. The identification document (ID) must be valid and be issued by a federal, provincial/territorial government authority (or local equivalent abroad). The ID must include your name, date of birth, signature and photo. One or more document(s), when combined, may be used to fulfill these criteria.

- If you are applying in person, your original documents will be validated and returned to you.
- If applying by mail, provide copies of both sides of your ID and have them signed and dated by your guarantor.

Note: The documents provided in this section must **not** be the proof of Canadian citizenship provided in section 4.

Type of document	Document number	Date of expiry (If applicable) (YYYY-MM-DD)	Your name as it appears on the document
Type of document	Document number	Date of expiry (If applicable) (YYYY-MM-DD)	Your name as it appears on the document
Signature of applicant			Date (YYYY-MM-DD)

6 PERIOD OF VALIDITY (SEE INSTRUCTIONS, SECTION C)Choose **one (1)** of the following periods of validity: ☐ **5-year** or ☐ **10-year****7 ADDITIONAL PERSONAL INFORMATION****Note:** If insufficient space, include form PPTC 056, [Additional Information – Address and Occupation](#), available on [Canada.ca/passport](#).**A** Addresses in the last **two (2)** years

- ☐ Same as current home address
- ☐ Different from current home address (complete below)

1.							From (YYYY-MM)	To (YYYY-MM)
Number	Street	Apt.	City	Prov./Terr./State	Country	Postal/ZIP code		

2.							From (YYYY-MM)	To (YYYY-MM)
Number	Street	Apt.	City	Prov./Terr./State	Country	Postal/ZIP code		

B Occupation in the last **two (2)** years (check all that apply):

- ☐ I was employed (full- or part-time)
- ☐ I was in school (full- or part-time) ☐ Other, e.g. homemaker, unemployed or retired

Enter full details below for the last **two (2)** years:

Employer, school or other	Address	Telephone (daytime)	Field of employment or studies	Date (from)	Date (to)

8 REFERENCESProvide the following information for **two (2)** persons who are neither your relatives nor your guarantor; are 18 years of age or over; and who have known you for at least **two (2)** years. They must agree to have their contact information provided as they may be contacted to confirm your identity. Visit [Canada.ca/passport](#) for more information on the Passport Program's definition of a relative.

1. Surname (last name)		Given name(s)		Relationship to the applicant	
Address					
Number	Street	Apt.	City	Prov./Terr./State	Country
Telephone (daytime)		Telephone (other)		Email address	
				Has known me for	Number of years
2. Surname (last name)		Given name(s)		Relationship to the applicant	
Address					
Number	Street	Apt.	City	Prov./Terr./State	Country
Telephone (daytime)		Telephone (other)		Email address	
				Has known me for	Number of years

9 EMERGENCY CONTACT INFORMATION (OPTIONAL)

This information is helpful if you require emergency assistance while outside of Canada.

Surname (last name)		Given name(s)	
Relationship to the applicant	Telephone (daytime)	Telephone (other)	Email address
Current home address			
Number	Street	Apartment	City
		Prov./Terr./State	
		Postal/ZIP code	
		Signature of applicant	
		Date (YYYY-MM-DD)	

ADULT GENERAL PASSPORT APPLICATION

for Canadians 16 years of age or over applying in Canada or the USA

INSTRUCTIONS

A ENTITLEMENT TO A CANADIAN PASSPORT

Important notice: We recommend that you not finalize your travel plans until you receive the requested passport.

- A Canadian passport is the only reliable and universally accepted travel and identification document for Canadians who travel abroad.
- Canadian passports are issued to Canadian citizens only and reflect their identity, as determined by proof of citizenship and supporting documents.
- For Canadians under 16 years of age, use form PPTC 155, *Child General Passport Application*.
- Applicants who were previously issued a Canadian passport may be able to renew their passport using form PPTC 054, *Adult Simplified Renewal Passport Application*. To find out if you are eligible, visit Canada.ca/passport.

B REQUIREMENTS CHECKLIST

- ☐ All three (3) pages of the application form completed and signed within the last **twelve (12)** months, with page **one (1)** certified by the guarantor
- ☐ Two (2) identical and unaltered passport photos taken within the last **six (6)** months, **one (1)** certified by the guarantor
- ☐ Proof of Canadian citizenship (original only); the document will be returned to you
- ☐ Document(s) to support identity (original or copies); copies must be signed and dated by your guarantor
- ☐ Any valid Canadian travel document (passport, certificate of identity or refugee travel document) issued to you
- ☐ The fee

Note: All documents submitted throughout the passport application process that are in a language other than English or French must be translated by a certified translator.

Additional documents or information may be requested in support of this application.

C FEE AND PERIOD OF VALIDITY

Where the application is made in **Canada**
and the passport is to be delivered in Canada:
5-year validity – CAN\$120*
10-year validity – CAN\$160*

Where the application is made **from the USA****
or the passport is to be delivered to the USA**:
5-year validity – CAN\$190*
10-year validity – CAN\$260*

*A CAN\$25 consular services fee is included in the above-mentioned fee.

**Includes Bermuda, American Samoa, the Midway Islands, Puerto Rico and the US Virgin Islands.

There is a separate, non-refundable CAN\$45 administrative fee for the replacement of a lost or stolen Canadian travel document that has not yet expired.

Methods of payment (Canadian funds only):

- Debit card (Interac), Visa Debit, Virtual Visa Debit or other prepaid cards (Visa, MasterCard, American Express) only for in person applications submitted by the cardholder. Prepaid debit cards are not accepted;
- Credit card and prepaid card (**embossed only**). If you are applying by mail, see section D; or
- Certified cheque or money order (postal or bank) in the exact amount, payable to the Receiver General for Canada.

Important

- Every person who requests passport services must pay the applicable fee in the exact amount.
- Applicants who cancel their application or are refused a passport are not eligible for a refund of the passport service fee. Only the consular services fee of CAN\$25, applied only to adult applications, is refundable.
- The Passport Program, Immigration, Refugees and Citizenship Canada does not accept personal cheques or payment in cash for applications submitted in Canada.
- Administrative fees and applicable interest will be applied to all dishonoured payments.
- Fees are subject to change.

In cases where services do not meet established service standards, applicants **may** be eligible for partial compensation of service fees.

For information on the *Departmental Remission Policy* and Service Standards please visit Canada.ca/immigration-refugees-citizenship.

D CREDIT CARD INFORMATION

If you are applying in person, **do not complete** this section. If you are applying by mail and paying by credit card, complete and submit this section with your application.

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Name as it appears on card	Card number	Date of expiry Month Year
----------------------------	-------------	--------------------------------

Name of applicant	For official use only	
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Authorization —I authorize the Passport Program to charge <input type="text" value="CAN\$"/> to my credit card.	Signature of cardholder	Date (YYYY-MM-DD)
--	-------------------------	-------------------

E APPLYING IN PERSON

If you cannot submit your passport application in person, an acceptable third party may submit the application on your behalf. For an urgent or express service request you must apply in person yourself. For information on third party eligibility, visit Canada.ca/passport.



Canadians can submit an application in Canada at:

- a Passport Program regional office; or
- a participating Service Canada Centre.

For information on service locations, service standards and requirements for expedited services, visit Canada.ca/passport.



For Canadians submitting an application from the USA:

If you require a passport in exceptional circumstances, contact the nearest Government of Canada office. You can find a list of Government of Canada offices in the USA online at travel.gc.ca or in your local telephone directory.

F APPLYING BY MAIL



Mailed-in applications are processed in Canada.

By mail

Passport Program
Gatineau QC K1A 0G3
Canada

By courier

Passport Program
22 de Varennes Street
Gatineau QC J8T 8R1
Canada

The original documents that you enclose with your application are valuable. We recommend that you use a courier or mail service that allows you to track your package

G CONTACT INFORMATION

General information is available 24 hours a day, 7 days a week. Agents are available Monday to Friday from 7:30 a.m. to 8:00 p.m. (Eastern Time) in Canada.



Information on passports, fees and processing times

Canada.ca/passport

Toll-free: 1-800-567-6868
Outside the continental USA: 1-819-997-8338

TTY (for people who are Deaf or hard of hearing)
Toll-free: 1-866-255-7655

Travel reports, warnings and requirements

For travel advice and warnings or foreign entry and exit requirements (how long the passport has to be valid for travel to a foreign country), visit travel.gc.ca

H ANTICIPATED DATE OF TRAVEL

Regardless of the date of travel you indicate on the application form, processing times and requirements for expedited services are still applicable. Processing times begin once a completed application form and all required supporting documentation are received (see section B). Processing times **do not** include mailing time. Visit Canada.ca/passport for more details.

It is recommended that you do not finalize travel plans until you receive the requested passport.

The Government of Canada, or any representative of the Government of Canada will not be liable for any loss incurred as a result of or arising out of the passport not being delivered in time for you to travel on the date you have specified on the application form.

I PERSONAL INFORMATION

Surname and given name(s) requested to appear in passport

Write the name to appear in the passport. If you are requesting a passport in a name that is different from the name that appears on the proof of citizenship, please note the following:

- For a change of surname resulting from a relationship, you must provide a marriage or common-law relationship certificate, or a document demonstrating termination of the relationship (indicating both previous and current surname).
- For a legal change of name, you must provide a Canadian birth certificate or citizenship certificate issued in the new name. If you have your name legally changed, you must apply for a new travel document that accurately reflects your new name. (A change of name certificate alone will not be accepted.)

Additional documentation will be required to verify your identity as well as the name to appear in the passport (see section L).

All former surnames

All former surname(s) that differ from the surname requested to appear in the passport, including your surname at birth must be declared. Please separate your former surnames by a comma. These former surnames will not appear in the passport.

Mother's surname at birth

Indicate your mother's surname (last name) at birth.

Place of birth

Your place of birth must be provided on the application form. If you do not wish the place of birth to appear in the passport, complete and submit form PPTC 077, *Request for a Canadian passport without place of birth*, available online at Canada.ca/passport.

Date of birth

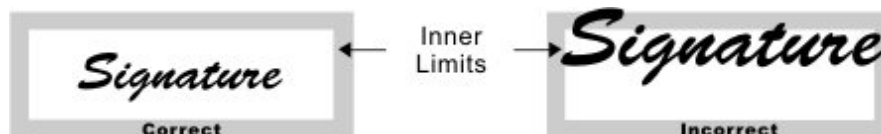
If your proof of citizenship does not show a complete date of birth, the specific **year**, **month** and **day** of your birth will be entered as shown on your supporting identification (see section 5).

Sex

If the sex or gender identifier requested to appear in the passport does not match the submitted proof of Canadian citizenship or your latest travel document, complete and submit form PPTC 643, *Request – sex or gender identifier on the travel document for an adult 16 years of age or older* form (PPTC 643), available online at Canada.ca/passport.

Signature

You **must** sign your usual signature on all **three (3)** pages.



J DECLARATION OF GUARANTOR

A guarantor is a person other than the applicant who can confirm their identity and may be called upon to confirm personal information. A guarantor can be a relative or someone living at the applicant's address, as long as they meet all the requirements listed below.

The guarantor must:

- be able to communicate in English or French;
- be a Canadian citizen 18 years of age or over;
- hold a **5-year** or a **10-year** Canadian passport that is valid or has expired within **twelve (12)** months of the date the Passport Program receives this application;
- have been 16 years of age or over when the application was submitted for the passport identified in section 2 on this application form;
- have known you (the applicant) personally for at least **two (2)** years. To know you personally to confirm aspects of your personal attributes;
- know you well enough to be confident that the statements you have made on the application form are true;
- provide the requested information contained in the passport issued in his or her name by completing by hand the declaration of guarantor section of the application form;
- be accessible to the Passport Program for verification

A Canadian passport holder guarantor does not need to reside in the same country as the applicant.

The guarantor must perform the following **three (3)** tasks **free of charge**:

1. Validate the information and sign the section Declaration of Guarantor (section 2). Ensure you have completed and signed all **three (3)** pages of the application before submitting it to your guarantor.
2. Write "I certify this to be a true likeness of (your name)" on the back of **one (1)** of your photos and sign it.
3. If applicable, sign and date a copy of each document to support your identity (see section L).

The Passport Program reserves the right to request a new guarantor.

Important: The applicant cannot help the guarantor in performing their duties. If the guarantor needs help they can contact the Passport Program (see Section G).

If you have **not known** an eligible guarantor for at least **two (2)** years, complete form PPTC 132, *Statutory Declaration in Lieu of Guarantor*, available at any passport office in Canada or any Government of Canada office in the USA. The form must be completed at your expense before a person who is authorized by law to administer an oath or solemn affirmation. **This may delay the processing time of the passport requested.**

K PREVIOUS CANADIAN TRAVEL DOCUMENT

Enclose any Canadian travel document (passport, certificate of identity or refugee travel document) that is not expired and that is issued to you in your current name or any other name. If the travel document's expiry date is more than **twelve (12)** months from the date the application is submitted, provide a written explanation as to why you are applying at this time. Should the Passport Program not be satisfied that you have an acceptable reason for applying early, your application for a new passport may be refused.

L DOCUMENTS TO SUPPORT IDENTITY

- You need to provide at least **one (1)** document to support your identity. The identification document (ID) must be valid and be issued by a federal, provincial/territorial government authority (or local equivalent abroad). The ID must include your name, date of birth, signature and photo. One or more document(s), when combined, may be used to fulfill these criteria.
- A Canadian passport that is expired for less than **one (1)** year may be used to support your identity. However, you must submit an additional piece of valid federal, provincial or territorial identification, with your passport, if:
 - the passport was issued to you before you turned 16 years of age; or
 - the passport was issued to you with a period of validity of less than **five (5)** years.
- If you are submitting copies of your ID, each side must be copied and then signed and dated by your guarantor. All original documents that you submit will be returned to you.
- If you submit copies of your documents and are using form PPTC 132, *Statutory Declaration in Lieu of Guarantor*, the same official who signs the declaration must also sign and date the copies of both sides of the identity document(s) to indicate that the official has seen the original(s).

M PROOF OF CANADIAN CITIZENSHIP

Important: A Canadian provincial or territorial birth certificate does not constitute an acceptable proof of Canadian Citizenship if, at the time of your birth in Canada, one or both of your parents was or were employed in Canada by a foreign government or international agency and neither parent was a Canadian citizen or permanent resident. See subsection 3(2) of the *Citizenship Act* for more information. You may request a formal assessment by submitting an application for a citizenship certificate to Immigration, Refugee and Citizenship Canada (IRCC). For more details, visit the IRCC website at Canada.ca/citizenship.

The original proof of Canadian citizenship you submit with your application will be returned to you. Additional information may be requested to confirm your citizenship.

Canadian provincial or territorial certificate of birth

Only official birth documents issued by the vital statistics office in your province or territory of birth in Canada are accepted. Certain exceptions may apply. Certain Canadian provinces and territories have other documents that may also be accepted as proof of Canadian citizenship. Visit Canada.ca/passport for more information.

Note: For Canadians born in the province of Quebec, only a birth certificate or a copy of an act of birth issued after January 1, 1994, by the Directeur de l'état civil of Québec or a certificate of Canadian citizenship are accepted as proof of Canadian citizenship.

Certificate of Canadian citizenship

Commemorative certificates of citizenship are **not** accepted as proof of citizenship. If you require a certificate of Canadian citizenship visit the IRCC website at Canada.ca/citizenship.

Immigration, Refugees and Citizenship Canada



Website: Canada.ca/citizenship



Toll-free in Canada: 1-888-242-2100



TTY in Canada (for people who are Deaf or hard of hearing)
1-888-576-8502, 8:00 a.m. to 4:00 p.m. (Eastern Time)

N PRIVACY NOTICE STATEMENT

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Canadian Passport Order*. The personal information provided will be used for the purpose of processing applications, determining entitlement to passport services and administering passport services. In the same context, the guarantor's personal information is subject to verification and security queries to determine whether the individual meets the guarantor requirements. The personal information provided may be disclosed to other federal government institutions, provincial/territorial governments, foreign governments, investigative bodies and/or law enforcement for the purpose of validating identity, determining current and ongoing entitlement to passport services and administering or enforcing any law or carrying out a lawful investigation.

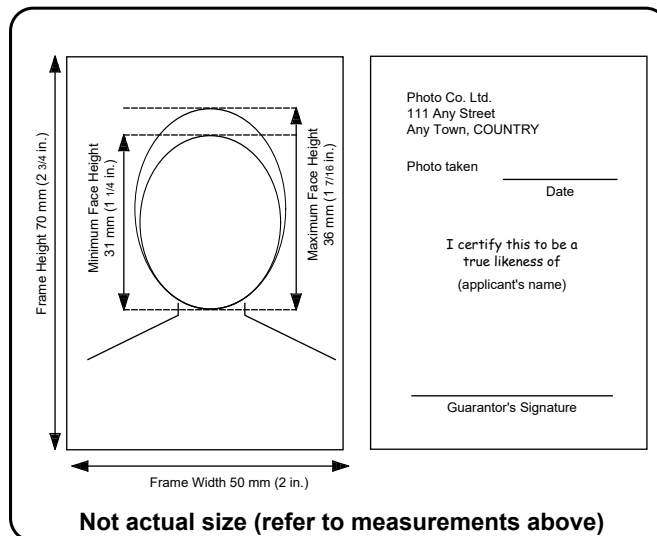
Personal information may also be used for purposes including research, statistics, quality assurance, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting. Failure to complete the form in full may result in a delay or the application not being 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 081 and IRCC PPU 082](#).

O CANADIAN PASSPORT PHOTO INSTRUCTIONS

You must submit **two (2)** identical and unaltered photo prints with each passport application. Electronic photos are not acceptable. More information is available at Canada.ca/passport.

The photos must:

- be taken in person by a commercial photographer;
- be professionally printed on plain, high quality photographic paper (photos printed at home are not acceptable);
- be clear, sharp and in focus; in colour or black and white;
- show a neutral facial expression (**no smiling, mouth closed**) and looking straight at the camera, with **eyes open and clearly visible**;
- have uniform lighting—no shadows, glare or flash reflections;
- show a full front view of the face and top of the shoulders squared to the camera (face and shoulders centered in the photo, head not tilted or turned);
- reflect natural skin tone and be taken against a plain white or light coloured background with enough contrast between the background, facial features and clothing, so that your features appear clearly against the background;
- be originals that **have not been altered in any way** and not taken from an existing photo;
- be taken within the last **six (6)** months from the date the application is submitted and reflect your current appearance.



The following must appear on the back of one photo

- The name and complete address of the photo studio (not a P.O. Box) and the date the photo was taken. The photographer may use a stamp or handwritten this information (stick-on labels are not acceptable).
- The statement "I certify this to be a true likeness of (name of applicant, written by guarantor)".
- The **guarantor's** signature. Note: If you are using the PPTC 132, *Statutory Declaration in Lieu of Guarantor* (see section J), the signing official must also sign the back of the photo.

Additional information

- Prescription glasses may be worn in photos as long as there is no glare and the eyes are clearly visible.
- The red-eye effect, tinted glasses and sunglasses make the photos unacceptable.
- Hats and head coverings must not be worn, except for religious beliefs or medical reasons. The head covering and hair must not cast shadows on the face and the full face must be clearly visible.



STATUTORY DECLARATION REQUEST FOR A CHANGE OF SEX DESIGNATION

SECTION 1 – DETAILS OF REQUEST

I, _____ born on _____ in _____
(Current legal name of applicant in full) Date of birth (YYYY-MM-DD) (City, State/Province, Country)

☐ previously held a temporary resident document (Visitor Visa, Temporary Resident Permit, Study Permit, or Work Permit) and am now applying for permanent residence and I request a change in sex designation from: _____ to: _____
(specify sex) (specify sex)

OR

☐ am a permanent resident who is applying for Canadian citizenship and I request a change in sex designation from: _____ to: _____
(specify sex) (specify sex)

OR

☐ request a change in sex designation from: _____ to: _____ on: _____
(specify sex) (specify sex)

☐ my existing Permanent Resident Card

☐ my existing Certificate of Canadian Citizenship

SECTION 2 – DECLARATIONS**I do solemnly declare that:**

- ☐ 1 ► I am unable to obtain a document issued by a Canadian province or territory indicating my gender identity because:
State reason (mandatory):
- ☐ 2 ► I identify with the gender that accords with the requested change in sex designation. I am living and intend to continue to live full-time in the gender identity that corresponds with the requested change;
- ☐ 3 ► I am providing, along with this declaration, a letter from a physician or psychologist who
- ☐ is a practicing member in good standing of the appropriate regulatory body;
- ☐ has treated or evaluated me; and
- ☐ can confirm that my gender identity does not accord with the sex designation on my IRCC document.
- ☐ 4 ► I am aware that I may encounter difficulties with the officials of other countries and/or airlines if my Immigration, Refugees and Citizenship Canada (IRCC) document shows the requested sex designation, especially if it is different from my other identification, including my passport or travel document, or is different from my physical appearance, and that I may be subjected to secondary inspections at the border. It is hereby understood, and agreed, that IRCC, the Government of Canada or any representative of the Canadian Government will not be liable for any damages caused or alleged to be caused as a result of the indication of that sex designation on my IRCC document. I agree not to make any claims or demands against IRCC, or any representative of the Canadian government in respect of any potential damages.
- ☐ 5 ► I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

SECTION 3 – SIGNATURES**Applicant**

Name (current legal name in full)		Signature	
Signed at:			Date (YYYY-MM-DD)
City/Town	State/Province	Country	

Witness

Name (current legal name in full)		Signature	
Signed at:			Date (YYYY-MM-DD)
City/Town	State/Province	Country	
Title of witness			

If co-signature of parent(s)/legal guardian(s) is required as per your application *

Name of parent/legal guardian (current legal name in full)		Signature	
Signed at:			Date (YYYY-MM-DD)
City/Town	State/Province	Country	

* Please attach separate sheet of paper if additional space is required.



APPLICATION FOR CITIZENSHIP CERTIFICATE FOR ADULTS AND MINORS (Proof of Citizenship) Under Section 3 of the *Citizenship Act*

IMPORTANT

The parent or guardian applying for a citizenship certificate on behalf of a minor (under 18) should complete this form.

Do not use this form if you or your child is a **permanent resident** applying to be granted Canadian citizenship.

Do any of these apply to you?

☐ I need to replace my citizenship certificate;

☐ I want to pass down my Canadian citizenship to my child born outside Canada AND I was born in Canada or naturalized in Canada before my child was born; I didn't adopt my child.

☐ I never had a citizenship certificate and I was born outside Canada to a Canadian parent who was born in Canada or naturalized in Canada before I was born; I wasn't adopted by my Canadian parent.

☐ I think I am Canadian and want to know for sure.

☐ Yes: proceed to the application ☐ No: you may need a different type of application

NOTE: If you (or the child you are applying for) was adopted outside of Canada by a Canadian citizen, you can only use this application for a **replacement** certificate. If your adopted child was never granted Canadian citizenship, you can apply for

Instructions below apply to your child or minor as the applicant if you are filling out the form on their behalf.

1 Language

I want service in: ☐ English ☐ French Please check ☐ One

2 Provide your Unique Client Identifier (UCI) if you have one:

3 Reason for application

Are you applying to replace your citizenship certificate? ☐ Yes ☐ No - skip to section 4

If yes, give information that appears on the certificate

Certificate no. Date of certificate (YYYY-MM-DD)

Surname/Last name

Given name(s)

I am applying for a replacement because I need to

☐ Update certificate (previous certificate enclosed) ☐ Replace a stolen/lost/destroyed certificate

Was the theft/loss reported to the police? ☐ Yes ☐ No

Give details of the theft/loss/destruction (when, where and how?)

FOR OFFICIAL USE ONLY

UCI No.

Current Act

Former Act

Certificate no.

☐ Return original document(s)

☐ Approved

Signature

YYYY-MM-DD

☐ Notify

Send certificate to

4 Tell us about yourself (or the minor you are applying for)

Surname/Last name (as it appears on your birth certificate)

Given name(s) (as it/they appear on your birth certificate)

Date of birth (YYYY-MM-DD)

Place of birth

Country of birth or territory

Specify (if not on list)

Gender

☐ F Female☐ M Male☐ X Another gender

Height

 cm

OR

 ft

in

Natural eye colour

List any other names (include current or former married name(s), aliases and nicknames). These names will not appear on your citizenship certificate

5 Are you requesting a change to the personal details you have provided above?☐ Yes☐ No

No - skip to section 6

If Yes, please specify

☐ I want a different name to appear on my citizenship certificate.

Requested Surname/Last name

Requested Given name(s)

☐ I want a different date of birth to appear on my citizenship certificate. New date of birth (YYYY-MM-DD) ☐ I want a different gender to appear on my citizenship certificate.What gender would you like to appear? ☐ F Female ☐ M Male ☐ X Another Gender**6 Details about your birth certificate** (or the minor you are applying for)Will you provide a birth certificate that was **changed** or **replaced**?☐ Yes☐ No – my birth certificate is the original record on file since the time of my birth (skip to section 7)☐ I don't know

If 'Yes' or 'I don't know', explain why your birth certificate was changed, replaced or the reasons why you don't know. (ex. my document was changed to include my step parent; my original birth certificate was destroyed and I received a new one, etc). Provide an explanation letter if you need more space.

7 Tell us about your parents - (If you do not know the information requested, enter 'unknown'. If the information does not apply, enter 'not applicable' or 'NA'.)

Parent 1

Details

Surname/Last name

Given name(s)

Other names used by parent (name at birth, maiden name, etc.)

Parent's country or territory of birth

Date of birth (YYYY-MM-DD)

Canadian birth certificate registration number, if applicable

Date of marriage (YYYY-MM-DD)

Place of marriage

A - Relationship to you (select one) – See page 10 definition

* Select **biological parent** if biological AND legal parent at birth

This parent is my ☐ biological parent ☐ adoptive parent ☐ legal parent at birth

B - Parent 1's Citizenship Status

☐ Parent 1 is **not** / was **not** a Canadian citizen - skip to section C

☐ I am not sure if parent 1 is (or was ever) a Canadian citizen

Please tell us the circumstances

☐ Parent 1 is/was a Canadian citizen

How did parent 1 obtain Canadian citizenship?

Parent 2

Details

Surname/Last name

Given name(s)

Other names used by parent (name at birth, maiden name, etc.)

Parent's country or territory of birth

Date of birth (YYYY-MM-DD)

Canadian birth certificate registration number, if applicable

Date of marriage (YYYY-MM-DD)

Place of marriage

A - Relationship to you (select one) – See page 10 definition

* Select **biological parent** if biological AND legal parent at birth

This parent is my ☐ biological parent ☐ adoptive parent ☐ legal parent at birth

B - Parent 2's Citizenship Status

☐ Parent 2 is **not** / was **not** a Canadian citizen - skip to section C

☐ I am not sure if parent 2 is (or was ever) a Canadian citizen

Please tell us the circumstances

☐ Parent 2 is/was a Canadian citizen

How did parent 2 obtain Canadian citizenship?

7 Tell us about your parents - Continued**Parent 1 continued****B - Parent 1's Citizenship Status - Continued**

Parent 1's citizenship certificate number, if applicable On what date did parent 1 first enter Canada to live? (YYYY-MM-DD)

Did parent 1 leave Canada for more than 1 year before 1977? ☐ Yes ☐ No

If Yes, give details

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Destination (Country or territory)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is (or was) parent 1 a citizen of a country or territory other than Canada before 1977? ☐ No ☐ Yes

If Yes, give details: (country or territory, date of citizenship, description of how citizenship/nationality was obtained and/or recognized, etc.)

Was parent 1 born in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

Was parent 1 naturalized as a British subject in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

Was parent 1 a British subject and living in Canada on January 1, 1947 or Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

C - Foreign Government Employment

If you were born in Canada, was parent 1 employed in Canada by a foreign government or international agency at the time of your birth?

☐ Not applicable, not born in Canada ☐ No ☐ Yes

If Yes, give details

If parent 1 was born in Canada, was one of their parents (i.e. your grandparents) employed in Canada by a foreign government or international agency?

☐ Not applicable, not born in Canada ☐ No ☐ Yes

If Yes, give details

Parent 2 continued**B - Parent 2's Citizenship Status - Continued**

Parent 2's citizenship certificate number, if applicable On what date did parent 2 first enter Canada to live? (YYYY-MM-DD)

Did parent 2 leave Canada for more than 1 year before 1977? ☐ Yes ☐ No

If Yes, give details

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Destination (Country or territory)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is (or was) parent 2 a citizen of a country or territory other than Canada before 1977? ☐ No ☐ Yes

If Yes, give details: (country or territory, date of citizenship, description of how citizenship/nationality was obtained and/or recognized, etc.)

Was parent 2 born in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

Was parent 2 naturalized as a British subject in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

Was parent 2 a British subject and living in Canada on January 1, 1947 or Newfoundland and Labrador before April 1, 1949? ☐ No ☐ Yes

C - Foreign Government Employment

If you were born in Canada, was parent 2 employed in Canada by a foreign government or international agency at the time of your birth?

☐ Not applicable, not born in Canada ☐ No ☐ Yes

If Yes, give details

If parent 2 was born in Canada, was one of their parents (i.e. your grandparents) employed in Canada by a foreign government or international agency?

☐ Not applicable, not born in Canada ☐ No ☐ Yes

If Yes, give details

7 Tell us about your parents - Continued

Parent 1 continued	Parent 2 continued
<p>D - Canadian Crown Service</p> <p>If you were born outside Canada, was parent 1 employed outside Canada in or with the Canadian Armed Forces, the federal public administration, or the public service of a province or territory, other than as a locally engaged person at the time of your birth?</p> <p> <input type="checkbox"/> Not applicable, I was born in Canada <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p>If Yes, give details</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>D - Canadian Crown Service</p> <p>If you were born outside Canada, was parent 2 employed outside Canada in or with the Canadian Armed Forces, the federal public administration, or the public service of a province or territory, other than as a locally engaged person at the time of your birth?</p> <p> <input type="checkbox"/> Not applicable, I was born in Canada <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p>If Yes, give details</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

8 Tell us about your grandparents - (If you do not know the information requested, enter 'unknown'. If the information does not apply, enter 'not applicable' or 'NA'.)**Full name of Parent 1**

If parent 1 was born outside Canada, was one of parent 1's parents (i.e. your grandparents) a Canadian citizen and/or a Crown servant of Canada at the time of this parent's birth or adoption?

Was parent 1 born outside Canada? ☐ No: skip to parent 2 ☐ Yes

Was one of parent 1's parents (your grandparents) Canadian? ☐ No: skip to parent 2 ☐ Yes

If you chose a 'Yes' response, please provide the following details

Parent A) of parent 1	Parent B) of parent 1
<p>Surname/Last name</p> <div style="border: 1px solid black; height: 18px; width: 100%;"></div> <p>Given name(s)</p> <div style="border: 1px solid black; height: 18px; width: 100%;"></div> <p>Other names used (name at birth, maiden name)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Country or territory of birth</div> <div>Date of birth (YYYY-MM-DD)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Canadian birth certificate number (if applicable/known)</div> <div>Canadian citizenship certificate number (if applicable/known)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> </div> <p>Details on how this grandparent obtained Canadian citizenship</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Details on Crown Service (if applicable)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>Surname/Last name</p> <div style="border: 1px solid black; height: 18px; width: 100%;"></div> <p>Given name(s)</p> <div style="border: 1px solid black; height: 18px; width: 100%;"></div> <p>Other names used (name at birth, maiden name)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Country or territory of birth</div> <div>Date of birth (YYYY-MM-DD)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Canadian birth certificate number (if applicable/known)</div> <div>Canadian citizenship certificate number (if applicable/known)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> <div style="border: 1px solid black; width: 45%; height: 18px;"></div> </div> <p>Details on how this grandparent obtained Canadian citizenship</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Details on Crown Service (if applicable)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

8 Tell us about your grandparents - Continued**Full name of Parent 2**

If parent 2 was born outside Canada, was one of parent 2's parents (i.e. your grandparents) a Canadian citizen and/or a Crown servant of Canada at the time of this parent's birth or adoption?

Was parent 2 born outside Canada? ☐ No: skip to section 9 ☐ Yes

Was one of parent 2's parents (your grandparents) Canadian? ☐ No: skip to section 9 ☐ Yes

If you chose a 'Yes' response, please provide the following details

Parent A) of parent 2

Surname/Last name

Given name(s)

Other names used (name at birth, maiden name)

Country or territory of birth

Date of birth (YYYY-MM-DD)

Canadian birth certificate number
(if applicable/known)
Canadian citizenship certificate
number (if applicable/known)

Details on how this grandparent obtained Canadian citizenship

Details of Crown Service (if applicable)

Parent B) of parent 2

Surname/Last name

Given name(s)

Other names used (name at birth, maiden name)

Country or territory of birth

Date of birth (YYYY-MM-DD)

Canadian birth certificate number
(if applicable/known)
Canadian citizenship certificate
number (if applicable/known)

Details on how this grandparent obtained Canadian citizenship

Details of Crown Service (if applicable)

9 Additional citizenship information

Have you ever lived in Canada? ☐ No: skip to section 10 ☐ Yes

If Yes, on what date did you first enter Canada to live ☐ Date (YYYY-MM-DD) _____ or ☐ I was born in Canada

10 Were you born before 1977?

☐ No: skip to section 12 ☐ Yes: fill out this section

Were you absent from Canada for 1 year or longer before 1977? ☐ No ☐ Yes: fill out this section

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Destination (Country or territory)	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Were you born before 1977? - Continued

Were you a citizen of one or more countries other than Canada before 1977? ☐ No ☐ Yes

If Yes, give details (country or territory, date of citizenship, description of how citizenship/nationality was obtained and/or recognized)

11 Were you born before 1950?

☐ No: skip to section 12 ☐ Yes: fill out this section

Were you born in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949?

☐ No ☐ Yes

Were you naturalized in Canada before January 1, 1947 or in Newfoundland and Labrador before April 1, 1949?

☐ No ☐ Yes

Were you a British subject and a resident of Canada on January 1, 1947 or in Newfoundland and Labrador before April 1, 1949?

☐ No ☐ Yes

Were you married before January 1, 1947 to a man who was born in Canada or naturalized as a British subject in Canada?

☐ Yes

☐ No, I was not married before 1947

☐ Yes, I was married before 1947 but not to a man born or naturalized in Canada

If you selected a Yes response, please provide details: (husband's name, husband's country or territory of birth, his date of birth, nationalities obtained or lost (if applicable), details on naturalization certificate (if applicable), country or territory of marriage, date of marriage)

12 Contact Information

How can we contact you about your application?

Surname/Last name

Given name(s)

Email address

Confirm email address

Home address

No. and street

Apt./Unit

City

Province

Country or territory

Postal code

Is the mailing address the same as the home address? ☐ Yes ☐ No

No. and street

Apt./Unit

City

Province

Country or territory

Postal code

If you are applying from outside Canada and the U.S., your documents will be sent to the Canadian embassy, high commission, or consulate nearest you. If you know which Canadian embassy, high commission, or consulate you would like your documents sent to, please provide the details

Telephone numbers

Home (Area code and number)

Work (Area code and number)

Extension

Cell (Area code and number)

13 Representative

Is someone helping you fill out this form? ☐ No ☐ Yes

Are you paying someone to help you fill out this form? ☐ No ☐ Yes

If yes complete the following details about the person helping you:

Family name (last name) Given name(s) Company name

Note: A representative can be paid or not. If your representative is paid, they must be a member in good standing of: a law society of a province or territory, the Chambre des notaires du Quebec, or the Immigration Consultants of Canada Regulatory Council (ICCRC)

Would you like to name a ☐ No ☐ Yes (such as an immigration consultant, lawyer, friend or family member) to do business with us for you?

☐ No ☐ Yes If yes complete the

14 Declarations/Permissions/Signatures

☐ I agree to advise IRCC if any information on this form changes before the processing of my application is complete.

☐ I understand the content of this form.

☐ I declare that the information provided is true, correct and complete.

☐ I declare that the photographs enclosed are a true likeness of me.

☐ I understand that if I, or someone on my behalf, make a false representation, commit fraud or conceal any material circumstances relevant to my application, my application could be denied, my citizenship certificate could be taken away, and I could be charged with an offence as provided for under the *Citizenship Act* or the Criminal Code.

☐ I declare that I am NOT using this form to apply for a grant of Canadian citizenship for a person adopted outside of Canada by a Canadian citizen. I understand that persons adopted outside of Canada can only use this form to apply for a replacement certificate.

**APPLICANT'S Signature**

(you must sign inside the box in black ink only)

City

Date (YYYY-MM-DD)

If applicant is under 14 years of age, signature of parent/guardian

**PARENT'S/GUARDIAN'S Signature**

(you must sign inside the box in black ink only)

City

Date (YYYY-MM-DD)

Remember: 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 provide on this form is collected under the authority of the *Citizenship Act* to determine whether your citizenship application may be approved. It will be stored in the Personal Information Bank (CIC PPU 050 entitled Application and Assessment for Canadian Citizenship). The information may be shared with other Canadian government institutions such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), and foreign governments in accordance with the *Citizenship Regulations* and subsection 8(2) of the *Privacy Act*. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of citizenship legislation where such sharing of information may not put the individual and/or their family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs. In accordance with the *Privacy Act* and the *Access to Information Act*, individuals have a right to protection of, access to and correction of their personal information. Details on these matters are available at the InfoSource Website at <http://infosource.gc.ca>. InfoSource is also available at public libraries across Canada.

Follow the step-by-step instructions below to complete the application form.

Important Information

- Make sure that you **read the** to help you complete your application.
- If a section does not apply to you, write “Not Applicable” or “NA”. If your application is incomplete it may be returned to you and this will delay processing.
- If you're completing this application for a minor under 18 years of age, remember **all questions are about the minor and you should answer as though you are the minor**.
- If you need more space to answer any questions, use an extra sheet of paper and indicate the number and/or letter of the question you're answering.
- All of your **answers must be complete and true**.

Section 1 - Language of service

- Would you like to receive service) in English or in French? Your correspondence will be in the language that you choose. Please check one.

Section 2 - Unique Client Identifier

- Please enter your UCI or 'Unique Client Identifier', the 8 or 10 digit number that is unique to your IRCC immigration and citizenship records.
- If you do not have a UCI, enter 'not applicable' or 'NA'. If you do not know your UCI, enter 'unknown'.

Section 3 - Reason for application

- Check a 'Yes' response if you have had a previous Canadian citizenship certificate and are applying to replace it. Otherwise, check 'No' and proceed to section 4.
- If you check 'Yes', you'll need to complete all the questions in this section. Enter certificate number or, if unknown, enter 'unknown'. Indicate the surname/last name(s) and given name(s) on the certificate.
- Indicate why you're applying to replace your certificate by checking the applicable box in this section. If it was stolen, lost or destroyed, describe the circumstances (indicate if the theft/loss was reported to the police by checking a 'Yes' or 'No' response to that questions) and provide details the theft/loss or destruction in the space provided.
- If you're applying for a replacement because you want to update the information on the certificate, you'll need to return the previous certificate.

Section 4 - Tell us about yourself

Important Information: As this is the **first time** you are applying for a citizenship certificate, the name, date of birth and gender on your citizenship certificate will be the **same as the information that appears on your birth certificate unless you request a change** to that information in section 5.

- Please enter the following information from your birth certificate in the spaces provided:
 - family/last name(s) and given names(s)
 - date of birth
 - place and country or territory of birth (e.g. Paris, France)
 - gender (please check either 'F Female' or 'M Male' as per birth certificate or previous citizenship certificate).
- Enter your current height and natural eye colour.
- Enter any other names by which you are known, or have been known (for example previous family names, other given names, aliases, nicknames).

Note: Your height, eye colour, other names, and country or territory of birth will not appear on your citizenship certificate but are recorded so that other service providers, such as Passport Canada, can confirm your identity.

Section 5 - Are you requesting a change to the personal details you have provided above?

In this section you can request a change to the personal details that appear on your previous citizenship certificate or, if this will be your first certificate, the personal details that appear on your birth certificate.

- ▶ If you want to change your name(s) or your date of birth or your gender, please check the 'Yes' response. Otherwise, check the 'No' response and proceed to section 6.
- ▶ If you check 'Yes', you'll need to check the box that describes your change of personal details request, and then enter the requested information in the spaces provided.
 - **Request for a different name:** If you want a name that is different from the name(s) you provided in section 3, or section 4 if this is your first certificate, enter the requested surname/last name and given name(s) in the spaces provided. Include the required supporting documents with your application. Refer to *Appendix C: Name Change* of the instruction guide to find out which documents you need.
 - **Request for a different date of birth:** If you want a date of birth that is different from the date of birth you provided in section 3, or section 4 if this is your first certificate, enter the requested date of birth in the space provided. Include the required supporting documents with your application. Refer to *Appendix D: Date of Birth Correction* of the instruction guide to find out which documents you need.
 - **Request for different gender:** If you want a different gender to appear on your citizenship certificate, check the requested gender (F Female, M Male, X Another Gender). Refer to Request form for a Change of Sex or Gender form.

Section 6 - Details about your birth certificate (or the minor you are applying for)

Explain why your birth certificate was changed or replaced, or provide reasons why you don't know.
Provide an explanation letter if you need more space.

Section 7 - Tell us about your parents

Important Information: We collect information about your parents and your grandparents because it helps us accurately determine what section of the Citizenship Act describes your claim to citizenship. If you are claiming citizenship by descent through a parent, complete information will help us search for citizenship records.

It is important that you provide the **fullest and most accurate** information about your parents and grandparents. If we don't have enough information about your parents, your application may be delayed or we may not be able to assess your claim.

If you do not know the information requested on the form, enter 'unknown'. If the information requested does not apply, enter 'not applicable' or 'NA'.

In the following section, you need to answer each question for Parent 1 (first column) and for Parent 2 (second column).

Reminder: If you are filling out this application for your minor child, then you are the parent referred to in this section.

Parent's personal information

- ▶ Please provide full and accurate information about your parents: names, date of birth, country or territory of birth, other names, and date and place of marriage. If you do not know the information requested on the form, enter 'unknown' in the spaces provided. If it does not apply to your parents, enter 'not applicable' or 'NA'.
- ▶ If your parent was born in Canada, please provide the registration number found on their Canadian birth certificate.

Note: Canadian birth certificates include two numbers: a certificate number and a registration number. For the purpose of this application, please make sure to provide the registration number.

7A - Relationship to you

Select ONE option:

“biological parent” (means you have a genetic or gestational connection to that parent)

- select “biological parent” if your parent is both your biological AND legal parent at birth, or
- your parent has a biological connection to you and they are NOT listed on your birth certificate but you have birth records and documents that recognize your parent(s).
(ex. pre-birth orders, court orders, surrogacy agreements, hospital records, etc.)
- **Note:** After submitting your application, IRCC might request a DNA test to confirm parentage. IRCC will also provide a list of accredited laboratories to complete the DNA test. In these cases, DNA results must have an accuracy of 99.8% or higher.

“adoptive parent” (means that you were legally adopted after you were born)

“legal parent at birth” (means that your biological or non-biological parent was listed on the original birth certificate or birth record issued at the time of your birth)

- your parent was listed on your original birth certificate issued at the time of your birth, **and / or**
- you have birth records and documents that recognize your parent(s) at the time of your birth (ex. pre-birth orders, court orders, surrogacy agreements, hospital records, etc.)
- **does not** include adoptive parents (even those recognized right after birth) or legal guardians.

7B - Parent's citizenship status

- ▶ Indicate your parent's citizenship status by checking one of the three boxes provided.
 - If you check parent is not/was not a Canadian citizen, you can proceed to section 7C, or
 - If you check parent's status is unknown, explain the circumstances in the box provided - you should also try to provide as much information as possible about Parent 1 in the spaces provided in the rest of 7B, well as in 7C and 7D, or
 - If you check parent is/was a Canadian citizen, tell us how they obtained citizenship in the box provided - for example, 'born in Canada' or 'granted citizenship' or 'born outside Canada to a Canadian parent'.
- ▶ Enter number of parent's citizenship certificate in space provided - if you do not know the number, enter 'unknown', or if no citizenship certificate was issued to your parent enter 'not applicable' or 'NA'.
- ▶ Enter date parent first entered Canada to live - please provide the most accurate date you can - for example, the date from a parent's passport or from another immigration record. If you are not certain, provide your best estimate of the month and year this parent entered Canada.
- ▶ Check a 'Yes' or 'No' response to indicate:
 - if your parent was outside Canada for more than 1 year before 1977. If you check 'Yes', provide details in the table provided. If you are not certain of the dates, provide your best estimate of the month and year.
 - if your parent was a citizen of a country or territory other than Canada before 1977. If you check 'Yes', provide details in the space provided.
 - if your parent was born in Canada before January 1, 1947 (or in Newfoundland and Labrador before April 1, 1949).
 - if your parent was naturalized as a British subject in Canada before January 1, 1947 (or in Newfoundland and Labrador before April 1, 1949).
 - if your parent was a British subject and a resident of Canada on January 1, 1947 (or of Newfoundland and Labrador before April 1, 1949).

7C - Foreign government employment

- ▶ Check 'Not applicable', or 'Yes', or 'No' to indicate:
 - if your parent was employed in Canada by a foreign government or international agency.
 - if your parent's parent (your grandparent) was employed in Canada by a foreign government or international agency.
 - if your parent was employed outside Canada as a Crown servant of Canada.
- ▶ If you check a 'Yes' response to any of the three questions, provide details in the space provided.

Section 8 - Tell us about your grandparents

In the following section, there is an area to provide information about both of Parent 1's parents and about both of Parent 2's parents. Whether or not full personal details for all four grandparents will be required depends on your responses to the initial 'Yes' or 'No' questions.

If you do not know the information requested, enter 'unknown'. If the information requested does not apply, enter 'not applicable' or 'NA'.

Reminder: If you are filling out this application for your minor child, then you (and your child's other parent) are the Parent 1 and Parent 2 who will be named in this section.

Parent 1's Parents

- ▶ Enter the full name of Parent 1 (same parent named as Parent 1 in section 7).
- ▶ Check 'Yes' or 'No' to the **first question** to indicate if Parent 1 was born outside Canada.
- ▶ If you check 'No' to the first question, no further information about this set of grandparents is required and you can proceed to the area in section 8 about Parent 2's parents.
- ▶ If you check 'Yes' to the first question, proceed to the **second question** and check a 'Yes' or 'No' response there to indicate if either of your grandparents were Canadian.

- ▶ If you check 'No' to the second question, no further information about this set of grandparents is required and you can proceed to the area in section 8 about Parent 2's parents.
- ▶ If you have checked 'Yes' to both questions 1 and 2, you will need to provide full and accurate information about Parent 1's parents, including:
 - all known names
 - country or territory of birth and date of birth
 - the registration number found on their Canadian birth certificate
 - citizenship certificate number
 - date and place of marriage
 - details on how Canadian citizenship was obtained
 - details on Crown service.

Enter the information in the spaces provided. If you do not know the information requested on the form, enter 'unknown'. If the information requested does not apply, enter 'not applicable' or 'NA'.

Parent 2's Parents

- ▶ Enter the full name of Parent 2 (same as Parent 2, first column, in section 7)
- ▶ Follow the same steps as you did for Parent 1's parents.

Section 9 - Additional citizenship information

Important Information: The information collected in this section, and in section 10 and section 11, will allow a citizenship official to accurately determine what section of the Citizenship Act describes your claim to Canadian citizenship today.

- ▶ Check a 'Yes' or 'No' response to indicate if you have ever lived in Canada. If 'No', you can proceed to section 10 now. If 'Yes', enter the date you came to live in Canada. You can also check 'Since birth', if applicable.
- ▶ If you are not certain of exact dates, provide your best estimate of the month and year.

Section 10 - Were you born before 1977?

If you were born before February 15, 1977, you need to complete this section. If you were born on or after February 15, 1977, you do not need to provide this information - you can check the 'No' response and proceed to section 12.

- ▶ If you give a 'Yes' response to the first question, and you have had absences of more than one year before 1977, provide details about those absences in the table provided (if you are not certain of exact dates, provide your best estimate of the month and year).
- ▶ Check a 'Yes' or 'No' response to indicate if you were a citizen of any countries other than Canada before 1977. If 'Yes', provide details in the space provided - country or territory (or countries) of citizenship, date of citizenship, and how citizenship was acquired.

Section 11 - Were you born before 1949?

If you were born before April 1, 1949, you need to complete this section. If you were born on or after April 1, 1949, you do not need to provide this information - you can check the 'No' response and proceed to section 12.

- ▶ If you give a 'Yes' response to the first question, answer all questions in this section.

Section 12 - Contact information

In this section you must provide the contact information for the applicant.

- ▶ Provide an email address where you can be reached. If the email address is that of a representative, you must indicate their e-mail address in this section and complete the IMM 5476 form.

If applicable, write your e-mail address using a format similar to the following: name@provider.net

Note: By indicating your e-mail address, you're hereby authorizing us to transmit correspondence, including file and personal information to this specific e-mail address.

- ▶ Provide your current home address including your postal code.

- ▶ If your mailing address is different from your home address, indicate your mailing address.

If the mailing address is that of a representative, you must indicate their mailing address in this section and complete the IMM 5476 form.

Note: We only send mail to Canadian and US addresses. If you live outside of Canada and the United States, correspondence will be sent to the Canadian embassy, high commission or consulate where you applied (unless you provided an email address). If you do not want your certificate sent to a mission you need to provide a Canadian or US mailing address.

- ▶ We may need to contact you by phone. Provide the telephone number(s) where you can be reached.

Section 13 - Representative

- ▶ Tell us if someone helped you fill out your forms.
- ▶ If you appoint an individual, firm or organization as your representative, you must complete the
 Note that once you appoint a representative, all correspondence from us regarding your application will be directed to them and not to you.

For help completing the _____, see:

Section 14 - Declarations/Permissions/Signatures

- ▶ Read and check off each of the five declarations. If you can attest to the declarations truthfully, **sign** and **date** the application form with the signature you currently use on your other official documents.
- ▶ If the application is for a person under 14 years of age, it must be signed by a parent or guardian in the space provided.

Note: Your application will be returned to you if:

- the form is not signed and dated
- stale-dated (dated more than 90 days before we receive it)
- post-dated (dated into the future)
- you have appointed an individual, firm or organization as your representative and did not submit the *Use of a Representative* form (IMM 5476) with your application or this form was submitted incomplete.
- you appoint a compensated representative who is not a member of the following designated bodies:
 - Immigration consultants who are members in good standing of the Immigration Consultants of Canada Regulatory Council (ICCRC);
 - Lawyers and paralegals who are members in good standing of a Canadian provincial or territorial law society and students-at-law under their supervision; or
 - Notaries who are members in good standing of the *Chambre des notaries du Québec* and students-at-law under their supervision.

**REQUEST TO AMEND VALID TEMPORARY RESIDENT DOCUMENTS OR INFORMATION CONTAINED IN THE
CONFIRMATION OF PERMANENT RESIDENCE****PART A - PERSONAL DETAILS CONTAINED ON YOUR VALID TEMPORARY RESIDENT DOCUMENTS
OR CONFIRMATION OF PERMANENT RESIDENCE**

1 - Client ID number/UCI

2 - Surname(s) (Family name) (As it currently appears on your document)			3 - Given name(s) (As it currently appears on your document)				
4 - Other name(s) used			5 - Other given name(s) used				
6 - Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender		7 - Date of birth (YYYY-MM-DD)		8 - Place of birth (City, state/province and country or territory)			
9 - Citizenship			10 - Passport number		Indicate if: <input type="checkbox"/> On entry <input type="checkbox"/> Current		
11 - Date of issue (YYYY-MM-DD)			12 - Expiry date (YYYY-MM-DD)				
13 - Marital status <div><input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law partner</div> <div>If you are married, is your spouse a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>							
14 - Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French							
15 - Current mailing address							
P.O. box		Apt./Unit	Street no.	Street name			
City/Town		Country or territory		Province/State	Postal code District		
16 - 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			
17 - Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			18 - Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
Type	Ext.	No.	Country Code	Type	Ext.	No.	Country Code
19 - E-mail address: (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.)							
20 - Date of original entry (YYYY-MM-DD)				21 - Date permanent residence or temporary residence was granted (YYYY-MM-DD)			

PART B - INFORMATION TO BE AMENDED

1 - Please indicate for which of the following you need a correction. If you have more than one valid temporary resident document, indicate the document ID number or if unknown, the document issue date and expiry date of the requested document.					
<input type="checkbox"/> Confirmation of permanent residence (or record of landing)	<input type="checkbox"/> Exclusion Order	<input type="checkbox"/> Departure Order			
<input type="checkbox"/> Authorization to Return to Canada	<input type="checkbox"/> Permit to Come Into or Remain in Canada - Temporary Resident Permit	<input type="checkbox"/> Protected Person			
<input type="checkbox"/> Work Permit <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____			
<input type="checkbox"/> Study Permit <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____			
<input type="checkbox"/> Visitor Record <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____			

PART B - INFORMATION TO BE AMENDED (continued)

2 - Surname(s) (Family name)		3 - Given name(s)	
4 - Date of birth (YYYY-MM-DD)	5 - Place of birth (City, state/province)		
6 - Country or territory of birth		7 - Citizenship	8 - Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender
9 - Marital status <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
10 - Date of original entry (YYYY-MM-DD)	11 - Date permanent residence or temporary residence was granted (YYYY-MM-DD)	12 - Other change (Provide a description in PART C, section 2 below)	

PART C

1 - If you are applying for an amendment to your confirmation of permanent residence (or record of landing) and you are not a Canadian citizen, have you, since your admission to Canada as a permanent resident, been convicted of a crime or offence in Canada or elsewhere?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes ► If yes, attach copies of the relevant court documents.
2 - Reasons for requesting the amendment(s). (Attach another sheet if you need more space.)	

STATEMENT

I certify that the statements made on this application document are true and correct. I understand that the approval of my request to amend my date of birth may affect my eligibility for benefit and services from other government institutions as that term is defined in the *Privacy Act* and may also result in the recovery from me by other government institutions of payments or benefits made to me under income support programs for which I was not eligible at the time the payments or benefits were paid.

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 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, non-governmental organizations, provincial/territorial governments and foreign governments for the purpose of validating identity, admissibility and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, risk management, subsequent program eligibility, 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 042.

DOCUMENT CHECKLIST

REQUEST TO AMEND VALID TEMPORARY RESIDENT DOCUMENTS OR INFORMATION CONTAINED IN THE CONFIRMATION OF PERMANENT RESIDENCE

Ensure the following documents are included with your application. Check **R** each box once you enclose the item. Failure to provide a fully **completed application or the necessary documents** will result in the return of your application. Please make sure you complete this document and include it in your application as the cover page. Submit photocopies of documents unless we ask for originals as they will not be returned to you.

I HAVE ENCLOSED THE FOLLOWING ITEMS:

(See "Gather documents" section in the Instruction Guide for examples)

- ☐ **Original** Request to Amend Valid Temporary Resident Documents or Information contained in the Confirmation of Permanent Residence **completed and signed**.
- ☐ **Photocopy** of federal or provincial/territorial government issued photo identification **OR** if unavailable, **photocopy** of government issued or internationally recognized photo identification from outside Canada prior to your entry to Canada. (See "Gather Documents" section in the Instruction Guide for examples)
- ☐ **Photocopy** of another form of government issued or internationally recognized identification from outside Canada before your entry to Canada indicating an error was made. (See "Gather Documents" section in the Instruction Guide for examples)
- ☐ **Photocopy** of letter of acceptance or enrolment from your current designated learning institution, if applicable.
- ☐ **Copies** of court documents if you have been convicted of a crime since becoming a permanent resident (if you are not a Canadian citizen).
- ☐ **Original** *Use of a Representative* (IMM 5476) form **completed and signed**, if applicable.
- ☐ **Proof** of urgency, if applicable.

IMMIGRATION DOCUMENT CONTAINING ERROR

- ☐ **Original** *Work Permit, Study Permit, Visitor Record or Permit to Enter and Remain in Canada* (IMM 1442, IMM 1208, IMM 1102, IMM 1097 or IMM 1263).
- ☐ **Photocopy** of the *Record of Landing* (IMM 1000) or *Confirmation of Permanent Residence*

Mail your completed application form and all required documents to:

Request to amend Valid Temporary Resident Documents or Information contained in the Confirmation of Permanent Residence
Operations Support Centre (OSC)
PO Box 8784 STN T CSC
Ottawa, Ontario K1G 5J3

Funding Coverage for Gender-Affirming Care

Funding Sources Available

A number of funding sources are available for clients looking for support in gender-affirming care. Below is a quick overview of the coverage options that are mentioned in this document that categorizes gender-affirming care along with details of the coverage options.

- **MSP coverage:** coverage of medically necessary services for all eligible residents of British Columbia.
- **Regular Benefit:** coverage under Fair Pharmacare or other PharmaCare plans such as Plan C which covers drug costs for those receiving income assistance.
- **Special Authority:** coverage under Pharmacare for those with specific medical circumstances to a drug, medical supply or medical device that otherwise would not be covered or only partially covered. Actual reimbursement depends on the patient's PharmaCare plan rules, including any annual deductible requirements.
- **Private insurance/work place insurance:** coverage provided through self-purchased private insurance and/or work place insurance and benefits. Often, a referral letter from MD/NP detailing necessity is required.

Clients who have First Nations status, may receive benefit coverage through the First Nations Health Authority, or through their First Nations organization or band.

- Individuals registered with FNHA's Health Benefits can access bras, bra inserts, gaffs, packers, STP's, binders and dilators through the NIHB program. These items must be prescribed by a provider and are eligible for coverage up to a pre-set amount. Providers can contact Express Scripts Canada to confirm client eligibility in the program. Once client eligibility is confirmed and the item is dispensed to the client, providers can submit claims directly to Express Scripts Canada. For further information, please refer to the following:
 - Medical Supplies & Equipment Providers in Canada (Fall 2018): http://provider.express-scripts.ca/documents/Medical%20Supplies%20and%20Equipment/NewsLetters/2018/NIHB_MSE_Newsletter_Fall_2018_ROC.pdf
 - Gender-affirming product benefit list: <https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/health-provider-information/medical-supplies-equipment-information/benefits-criteria/medical-supplies-equipment-general-benefits-criteria-health-provider-information-non-insured-health-benefits-first-nations-inuit-health-canada.html#a1-4>
- Other information on coverage and eligibility through the First Nations Health Authority, please visit <http://www.fnha.ca/benefits>. On eligibility and what health benefits are covered by a band, please contact the relevant band office.

Funding Coverage for Gender-Affirming Care

Coverage for Hormone Therapy

Coverage for hormone therapy is only available for individuals who qualify for Regular Benefit or can be requested through Special Authority. The table below breaks down available hormone therapy by coverage options. For hormones that may be covered by Special Authority, a suggested rationale is provided to help providers in their submission of forms.

Refer to the Primary Care Toolkit page 7-11 for additional information on each hormone therapy listed.

www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf

Coverage	Hormone Therapy	Steps to apply for funding/Suggested Rationale
Regular Benefit	Estradiol (tablets) Spironolactone (tablets) Medroxyprogesterone (tablets) Progesterone (tablets)	Submit request through Regular Benefits for eligible patients
Special Authority <i>use Suggested Rationale listed in submission form</i>	Leuprolide acetate (injection)	For suppression of puberty related to gender dysphoria
	Estradiol (patches or gel)	For treatment of gender dysphoria in patients > 40 with CV risk factors or severe liver disease, any age with clotting disorder or personal history of blood clot
	Testosterone cypionate (injectable)	For treatment of gender dysphoria
	Testosterone enanthate (injectable)	For treatment of gender dysphoria
	Testosterone patches/gel (1% gel)	For treatment of gender dysphoria with clinical rationale for why injections cannot be used
	Cyproterone	For treatment of gender dysphoria when spironolactone is ineffective, contraindicated or not tolerated
	Finasteride	For treatment of gender dysphoria when required to enhance peripheral blockade and augment the main anti-androgen
Not covered under Pharmacare	Estrogen compounded cream/gel Testosterone compounded cream/gel Estradiol (injectable) - only available as a compounded product	

Funding Coverage for Gender-Affirming Care

Coverage for Surgery

The table below lists gender-affirming surgeries by funding coverage. For up to date information on funding and other requirements for each surgery, visit www.phsa.ca/transcarebc/surgery.

Coverage	Gender-Affirming Surgeries
Fully covered by MSP	<ul style="list-style-type: none"> • Chest construction surgery (and medically necessary revisions) • Gonadectomy (hysterectomy/bilateral salpingo-oophorectomy or orchiectomy) • Genital reconstruction (vaginoplasty, vulvoplasty, clitoral release, metaoidioplasty or phalloplasty)
Covered by MSP under limited circumstances	<ul style="list-style-type: none"> • Breast construction surgery (and medically-necessary revisions) <ul style="list-style-type: none"> ○ Current criteria are breast size less than AA cup or greater than 1.5 cup size asymmetry after > 18 months on hormones (or absolute contraindication to hormones) ○ Plastic surgeon must apply for coverage through special MSP process <p><i>**This process is currently under review at MSP**</i></p>
Not covered by MSP	<ul style="list-style-type: none"> • Facial procedures (<i>such as reduction of the Adam's apple, facial bone reduction, face lifts, rejuvenation of the eyelid</i>) • Pectoral implants • Hair reconstruction or restoration • Liposuction or lipofilling • Vocal feminization surgery or voice surgery

Funding Coverage for Gender-Affirming Care

Coverage for other gender-affirming care and services

Other Services	Specific Services	Coverage Options & Details
Fertility	Initial consult	<ul style="list-style-type: none"> MSP covered with referral from an MD or NP
	Fertility services	<ul style="list-style-type: none"> Not publicly covered unless through private insurance
Counselling or mental health support services	Psychiatry services	<ul style="list-style-type: none"> MSP covered
	Psychologists, social workers and registered clinical counsellors - <i>some private mental health clinicians offer sliding scale rates</i>	<ul style="list-style-type: none"> Workplace Employee Assistance Program Private insurance Mental health services through regional health authorities Some community organizations offer limited free counselling. Contact the Care Coordination Team for more information (www.phsa.ca/transcarebc/about/contact)
Voice training	Vocal feminization	<ul style="list-style-type: none"> Changing Keys program is a free vocal feminization program. Visit the Changing Speech at Trans Care BC.
	Speech Language Pathology	<ul style="list-style-type: none"> not covered by MSP but may be covered by private insurance plans with a referral from an MD or NP
Hair removal	Electrolysis and laser hair removal	<ul style="list-style-type: none"> Not covered by MSP but may be covered by private insurance plans with a referral from an MD or NP May be tax deductible if the person has a letter from a physician stating the medical necessity of hair removal, and if a doctor practices out of the clinic where the hair removal takes place.
	Other hair removal options	<ul style="list-style-type: none"> Not covered
Supplies	Binders, packers, breast forms	<ul style="list-style-type: none"> Those on PWD can get coverage with prescription/letter from MD or NP, may also be covered by some private health plans with letter from MD/NP Some community organizations offer access to binders, packers. Contact the Care Coordination Team for more information (www.phsa.ca/transcarebc/about/contact)
	Post-surgical wound care supplies and compression vest (<i>for those having chest surgery</i>)	<ul style="list-style-type: none"> Those on PWD can get coverage with prescription/letter from MD or NP, may also be covered by some private health plans with letter from MD/NP
Costs associated with surgical aftercare	In-province surgical aftercare	<ul style="list-style-type: none"> Not covered – see next page on accommodation coverage options
	Out-of-province surgical aftercare	<ul style="list-style-type: none"> Trans Care BC currently covers expenses for clients staying at designated, medically required, sub-acute, residential facilities such as Asclépiade in Montreal, Quebec. Contact the Care Coordination Team for more information (www.phsa.ca/transcarebc/about/contact)

Funding Coverage for Gender-Affirming Care

Travel assistance for medically necessary travel

Program	Details of assistance
Provincial travel assistance programs	<ul style="list-style-type: none"> • <i>MSP Travel Assistance Program (TAP)</i> is an option for assistance with transportation costs for eligible BC residents travelling for services not available in their own community. Links below are specific for: <ul style="list-style-type: none"> ○ Within province Medical Transportation Assistance ○ Non-Local Medical Transportation Assistance • <i>Hope Air</i> is a charity that provides free flights for financially disadvantaged Canadians for medically necessary travel. <ul style="list-style-type: none"> ○ Should your patient require assistance with flight expenses please recommend they apply by filling in the online application at www.hopeair.ca ○ In some cases, Hope Air will also cover the costs for a companion to travel with the patient if deemed medically necessary. Hope Air will contact you to verify some details related to the patient's travel needs.
Accommodation assistance	<ul style="list-style-type: none"> • To find available hotels that offer reduced accommodation prices for medical patients you can use the search function on this page http://csa.pss.gov.bc.ca/medicaltravel/. If you select the name of the city you need to stay in as the destination and select your estimated arrival date this website will show available hotel listings.
Regional ground travel assistance	<ul style="list-style-type: none"> • <i>Northern Health Connections Bus</i>: heavily subsidized bus travel for people living in Northern BC for medically necessary travel. https://nhconnections.ca/ • <i>Interior Health Connections</i>: heavily subsidized bus travel for people living in Northern BC for medically necessary travel. https://www.interiorhealth.ca/YourStay/GettingThere/Pages/default.aspx • <i>Wheels for Wellness (Vancouver Island)</i>: Registered charity that provides by-donation transportation for all non-emergency, medically necessary appointments: http://www.wheelsforwellness.com/

BC Human Rights Tribunal**How to use this form**

- Use this form to file a discrimination complaint in BC for yourself or another person.
- This form has 11 steps.
 - Answer the questions on the form or use extra pages.
 - You can add up to **5 pages** to Step 3 if the form does not have enough space.
- Print clearly. Use a black or blue pen.
- Do not attach evidence about your complaint, unless it is about an employment ad or publication. The Tribunal will tell you when you need to submit evidence to support your complaint.
- Keep a copy of your complaint form and all of your documents.
- If you are filing the complaint for another person, you must also file a Form 1.2 – Authorization (unless you are their lawyer or legal advocate). Get the Form 1.2 on the [Tribunal website](#).

1-year time limit to make complaint

- Submit this form within **1 year** of the discrimination, if possible.
- If you file late, you can ask the Tribunal to accept your complaint when you fill out this form.

How to send your complaint to the BC Human Rights Tribunal

- Email: BCHumanRightsTribunal@gov.bc.ca
- Fax: (604) 775-2020
- Mail or in person to: 1270 - 605 Robson Street, Vancouver, BC V6B 5J3

How to contact us if you have questions

- Email: BCHumanRightsTribunal@gov.bc.ca
- Phone: (604) 775-2000
- Toll Free: 1-888-440-8844
- TTY: (604) 775-2021

Do you need help?

- We recommend you get legal advice about your complaint before submitting it, if possible.
- See [Who Can Help?](#) on the Tribunal website.

What will the Tribunal do with this form?

The Tribunal will read the form to see if you set out possible discrimination under the Human Rights Code. The Tribunal may ask you for more information. If you set out possible discrimination, the Tribunal will give a copy of your complaint form to the Respondents so they can respond to the complaint.

There is more information at the end of this form about:

- Meeting your needs in the process so you can take part. (The legal term is “accommodation.”)
- Privacy and who may see the information on this form,
- What happens next, and
- Protection from retaliation for making a complaint.

Individual Complaint

Step 1 – Parties



BRITISH
COLUMBIA

BC Human Rights Tribunal

1270 - 605 Robson Street
Vancouver, BC V6B 5J3

Phone: (604) 775-2000 Fax: (604) 775-2020
Toll Free: 1-888-440-8844 TTY: (604) 775-2021
Email: BCHumanRightsTribunal@gov.bc.ca
Website: www.bchrt.bc.ca

Tribunal stamp

Step 1 Party information

Part A Complainant contact information

1. Who experienced discrimination [Complainant]?

Note: If a group or class experienced discrimination, use a Form 1.3 instead.

Legal name – First name:

Legal name – Last name:

Preferred name: (**example:** traditional name, nickname, alias)

Use my preferred name:

- ☐ When talking to me
☐ When writing to me
☐ In decisions in addition to my legal name

Title:

☐ Mr. ☐ Ms. ☐ Mx. ☐ other: _____

Pronoun:

☐ she/ ☐ he/ ☐ they/ ☐ other: _____

2. Who will communicate with the Tribunal about this complaint?

Check only one:

- ☐ The Complainant
☐ A lawyer
☐ A legal advocate (**example:** a person who works for a law clinic)
☐ Another person – **must file a Form 1.2 with this complaint**

Individual Complaint

Step 1 – Parties

Complainant contact information continued

Name of person who will communicate with the Tribunal, if different from the Complainant

First name:

Last name:

Preferred name: (**example:** traditional name, nickname, alias)

Organization name, if applicable: (**example:** law firm)

Title:

☐ Mr. ☐ Ms. ☐ Mx. ☐ other: _____

Pronoun:

☐ she/ ☐ he/ ☐ they/ ☐ other: _____

3. Complainant's address for delivery

Purpose of collecting contact information: The Tribunal and Respondents use your contact information to communicate with you about the complaint. For more information see the Privacy Notice at the end of this form.

You must give an address where all parties can send you documents. Give the address of the person who will communicate with the Tribunal.

The Tribunal usually communicates by email. If possible, give an email address where all parties can reach you.

If you also have confidential contact information, do not put it on this form. Provide it separately by email, mail, fax, or in person.

Important information: A document sent to an address below is considered to be received by the Complainant. You must notify the Tribunal of any change to the address for delivery.

Email:

Mailing address:

City:

Province:

Postal code:

Telephone:

Fax:

Cell:

Individual Complaint

Step 1 – Parties

Step 1, Part B Respondent contact information

Important information about Respondents:

1. The Respondent is the person or organization you say discriminated against you. Usually, there is only one.
2. Usually the Respondent is an organization such as: corporate employer or landlord, government body, service provider, business or union. Organizations are usually responsible for their employees' actions. Make the organization Respondent #1.
3. An individual can be a Respondent. Only name the person who you say discriminated against you. For example, name the person who harassed you. Do not name the person who only handed you a letter firing you.

Email: Email is fastest. If possible, give an email address where we can send your complaint. Choose someone that you think has authority to respond to your complaint. For example, someone in the human resources or legal department.

Name of Respondent #1:

Relationship to you: (**example:** your employer, landlord, government body)

Email:

Mailing address:

City:

Province:

Postal code:

Telephone:

Fax:

Cell:

Name of Respondent #2 (if applicable):

Relationship to you: (**example:** your manager, building caretaker, government employee)

Email:

Mailing address:

City:

Province:

Postal code:

Telephone:

Fax:

Cell:

Individual Complaint

Step 2 – Area and Grounds of Discrimination

Step 2, Part A Area of discrimination

Information: The Human Rights Code protects people in the following “areas”.

Check any area that applies to your complaint:

Information about the areas:

<input type="checkbox"/> Employment If your complaint is about employment, check if it is about: <input type="checkbox"/> A job <input type="checkbox"/> A job ad <input type="checkbox"/> Lower rate of pay based on sex for similar work	Employment means work for an employer who controls the work and pay. It can include work as a volunteer, intern, or “independent contractor”. Applies when you: <ul style="list-style-type: none"> • Apply for a job • Are working as an employee • Get fired
<input type="checkbox"/> Services	Applies when you want a service. For example, you go out to eat or shop. You go to school. You apply for a government benefit. You own a strata unit.
<input type="checkbox"/> Tenancy	Applies when you: <ul style="list-style-type: none"> • Try to rent a space • Are renting a space • Get evicted
<input type="checkbox"/> Purchase of property	Applies when you want to buy a house, condo, other unit, or land.
<input type="checkbox"/> Publication	Covers flyers, articles, notices, signs, and symbols. Applies when someone aims to discriminate. Example: A “whites only” sign Applies to a publication that is likely to expose a person or group to hatred. Example: An article that says a protected group is disgusting and immoral
<input type="checkbox"/> Membership in a union, employer’s organization, or occupational association	Applies when: <ul style="list-style-type: none"> • You want to join a union or get licensed to work by a regulator • You get suspended or expelled • You are a member

Individual Complaint

Step 2 – Area and Grounds of Discrimination

Step 2, Part B Grounds of discrimination

Information: The Human Rights Code protects you based on the characteristics or “grounds” below. The Code protects you if you have the characteristic. The Code also protects you if you don’t have the characteristic, but someone thinks you do. Discrimination is conduct that harms you based on one or more characteristics.

Example of multiple “grounds”: A service provider treats an Indigenous woman badly. She selects the grounds race, colour, ancestry and sex.

Check only the grounds that apply to this complaint. Give details for each ground you check.

Examples: Disability – I have a learning disability. Disability – Respondent thinks I have a heart condition. Age – I am 67. Race – I am Métis.

<input type="checkbox"/> Race, details: _____	Racial identity. Example: South Asian or Indigenous.
<input type="checkbox"/> Colour, details: _____	Skin colour. Example: Black, “dark-skinned”, “light-skinned”.
<input type="checkbox"/> Ancestry, details: _____	Where your ancestors come from. Example: Your father is Métis.
<input type="checkbox"/> Place of origin, details: _____	Where you come from. Example: Born in China.
<input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability (you can select both) details: _____	Conditions that affect or are seen as affecting your abilities. Examples: Addiction, amputation, asthma, bipolar disorder, cancer, depression, dementia, epilepsy, obesity, learning disorders, developmental disabilities, impairments to hearing, speech, vision, or mobility.
<input type="checkbox"/> Sex, details: _____	Includes being male, female, intersex, Two Spirit, or transgender. Includes pregnancy, breast-feeding, and sexual harassment.
<input type="checkbox"/> Gender identity or expression, details: _____	Gender identity is a person’s sense of their gender, including man, woman, transgender, or non-binary. Gender expression is how a person presents their gender. It includes how a person acts and appears. Gender identity or expression can include a person’s name or pronoun such as he, she, or they.

Individual Complaint

Step 2 – Area and Grounds of Discrimination

<input type="checkbox"/> Sexual orientation, details: _____ _____	Includes being heterosexual, gay, lesbian, bisexual, pansexual, or queer.
<input type="checkbox"/> Age (19 or over), details: _____	Does not apply: <ul style="list-style-type: none"> To purchase of property If legislation allows an age distinction
<input type="checkbox"/> Family status: _____ _____	Includes: <ul style="list-style-type: none"> Family size Family type (example: single parent family) Family care responsibilities Who is in your family (example: someone fires you because of who your father is) Does not apply to purchase of property.
<input type="checkbox"/> Marital status: _____ _____	Includes: <ul style="list-style-type: none"> Married, single, widowed, divorced, common-law Who your spouse is (example: someone fires you because they fired your spouse)
<input type="checkbox"/> Religion: _____	Includes: <ul style="list-style-type: none"> Practicing a faith Religious beliefs Not having certain religious beliefs or any religious beliefs at all
<input type="checkbox"/> Political belief: _____ _____	Applies only to employment and membership in a union, employer's organization, or occupational association. Includes: <ul style="list-style-type: none"> Supporting a political party Advocating for change to laws Beliefs about how to govern a nation
<input type="checkbox"/> Criminal conviction: _____ _____	Applies only to employment and membership in a union, employer's organization, or occupational association. Includes: <ul style="list-style-type: none"> Charged with a crime Convicted of an offence
<input type="checkbox"/> Lawful source of income: _____ _____	Applies only to tenancy. Example: A landlord won't rent to you because you receive government benefits.

Individual Complaint

Step 3 – Details of Discrimination

Step 3 Details of the discrimination

To show possible discrimination under the Human Rights Code, you must show:

- The Respondent harmed you in the “area” you selected, such as employment. The legal term is “adverse effect” regarding the area.
- The harm is based on the “ground(s)” you selected. The legal term is that the grounds “are a factor in” or are “connected to” the harm.

Answer these questions. Then give details for each Respondent.

1. Describe the harm you experienced in a few words. Examples: My landlord evicted me based on my race. My co-worker said things that made work very uncomfortable for me.
Give a short answer. Use the space on the form. Your short answer helps us understand the details you give below.

2. Explain how the harm relates to the grounds you checked in Step 2, Part B above. Examples:

- The words my co-worker used are slurs about Black men.
- Security only followed me around the store, not the other people who were not First Nations.
- The Respondent fired me one week after they learned I was pregnant.
- A white male colleague got the promotion. I am at least as qualified. I am an Asian woman.
- My employer said I have to work Saturdays. My religion does not allow me to work Saturdays.
- My employer disciplined me for shouting at someone. My disability caused me to shout.
- This organization refused to provide an interpreter which I need because I am Deaf.

Consider getting help if you are not sure. See [Who Can Help?](#) on the Tribunal website.

If you need more space, use extra sheets (maximum 5 pages total for Step 3). Mark them “Step 3”.

Individual Complaint

Step 3 – Details of Discrimination

Respondent #1: _____

Describe what this Respondent did that harmed you.

- Be specific.

Example: If someone harassed you, write out the words they used.

- Conduct can be what someone did or didn't do. The legal term is "acts or omissions".

If you don't know the exact date, give an approximate date. **Examples:** 2020 02 23 or 2020 02

[illegible]

If you need more space, use extra sheets (maximum 5 pages total for Step 3). Mark them “Step 3, Respondent #1”.

Individual Complaint

Step 3 – Details of Discrimination

Respondent #2: _____

Describe what this Respondent did that harmed you.

- Be specific.

Example: If someone harassed you, write out the words they used.

- Conduct can be what someone did or didn't do. The legal term is "acts or omissions".

- If you don't know the exact date, give an approximate date. **Examples:** 2020 02 23 or 2020 02

[illegible]

If you need more space, use extra sheets (maximum 5 pages total for Step 3). Mark them “Step 3, Respondent #2”.

Individual Complaint

Step 4 – Time Limit

Step 4, Part A Is the complaint filed in time?

There is a 1-year time limit for filing a complaint. Answer these questions:

1. What is the date of the most recent conduct that you listed as discrimination?

Respondent #1: _____ Respondent #2: _____
(yyyy mm dd) (yyyy mm dd)

2. Did the most recent conduct happen in the last year?

Respondent #1 ☐ yes ☐ no Respondent #2 ☐ yes ☐ no

3. Did all of the conduct happen in the last year?

- ☐ yes – go to Step 5. You filed your complaint in time.
☐ no – continue in Step 4.

4. Is all of the conduct related or similar?

Information: You must file a complaint within one year of the last conduct if the conduct is similar or related. The legal term is “continuing contravention”.

- ☐ yes – answer questions 5 and 6.
☐ no – skip questions 5 and 6. Go to Step 4, Part B.

5. Explain how the conduct is similar or related (a “continuing contravention”).

Examples:

- Each event is about a co-worker using racial slurs.
- Each event is about an employer not accommodating a disability.

6. Explain any gaps in time.

Information: Gaps in time might mean there is no “continuing contravention”. The Tribunal will consider reasons for gaps.

Examples:

- “My employer denied me three promotions. The job postings were three months apart.”
- “My manager used racial slurs. He was on leave for four months.”

If you need more space, use extra sheets (maximum 5 pages for Step 4). Mark them “Step 4”.

Individual Complaint

Step 4 – Time Limit

Step 4, Part B Ask Tribunal to accept late complaint

Information:

- Complete this step if **any** conduct happened more than 1 year ago.
- There must be a good reason to accept the late complaint. The legal term is that it must be in the “public interest”.
- There must be no real harm to anyone because of the delay in filing. The legal term is no “substantial prejudice”.

1. Reasons to accept complaint

Information: Reasons include:

- Why you filed late, and how late you filed,
- Why accepting the complaint would benefit the public.

A. Why did you file late?

Examples the Tribunal will consider:

- The Complainant has a disability that prevented them from filing on time.
- The Complainant faced trauma or a family or housing crisis that made it hard to file the complaint at the time of the events.
- The Complainant recently found evidence of discrimination.
- The delay is very short and there is some reason for filing late.

Attach any documents that support your reasons for filing your complaint late. Examples: doctor’s note, or letter from a counsellor.

B. How will accepting your complaint benefit the public?

Examples: A complaint is about a situation that the Tribunal has not addressed often. A complaint seeks a remedy that would help many people.

2. Why would the delay in filing not harm anyone else?

Information: The delay means the time after the 1-year time limit.

- “The complaint is two months late. Documents and witnesses should still be available.”
- “The complaint is six months late. I know of no harm to the Respondents.”

If you need more space, use extra sheets (maximum 5 pages total for Step 4). Mark them “Step 4”.

Individual Complaint

Steps 5-6

Step 5 Other proceedings

Information: The Tribunal can defer your complaint (put it on hold) until another proceeding is finished.

Instructions: Answer these questions.

1. Do you have another proceeding about the same events?

☐ yes – answer question 2

☐ no – go to Step 6.

2. What kind of proceeding is it?

Examples: union grievance, court case, WorkSafeBC claim.

3. What stage is that proceeding at?

Examples: Has there been a hearing? When do you expect a decision?

4. Do you want the Tribunal to wait to deal with your complaint?

☐ yes – answer question 5

☐ no – go to Step 6

5. Explain why you want the Tribunal to wait to deal with your complaint.

Step 6 Remedies

Check the kinds of remedies you want and that are available under s. 37 of the Human Rights Code:

☐ Order to stop the discrimination

☐ Declaration that the conduct is discrimination

☐ Steps or programs to address the discrimination (**examples:** training, policy)

☐ Compensation for injury to dignity, feelings, and self-respect

☐ Compensation for lost wages or other expenses such as moving expenses, photocopying, costs of attending the hearing (keep receipts)

☐ Something specific (**examples:** job back, ramp): _____

Step 7 Mediation

Information:

- At a “mediation”, a trained mediator works with you and the Respondent to find a solution to your complaint. Settlement is voluntary. If you can’t agree, the process continues.
- If you settle your complaint, the process is usually much faster. If you don’t settle, there are steps you must take before a hearing where you can prove your complaint. See [Steps in the Process](#) on the Tribunal website.
- Mediation is free.
- What you and the Respondent say in mediation is confidential.
- A mediator does not act for either party.
- You can bring your representative or a support person.
- You don’t have to be in the same room as a Respondent to participate in mediation. The mediator can speak to you and the Respondent separately.
- For more information see [Settle a Complaint](#) on the Tribunal website.

The Tribunal will ask the Respondent if they want to attend a mediation. If you both agree, the Tribunal will contact you to schedule a date for the mediation.

Do you want to attend a mediation?

☐ yes ☐ no

Step 8 Indigenous Peoples

The Tribunal is committed to Truth and Reconciliation. This includes incorporating Indigenous protocols or ways of resolving disputes in its process.

Anyone can ask the Tribunal about:

- Help to understand the Tribunal process
- Process options
- Incorporating Indigenous protocols

☐ Check here if you are Indigenous and you want the Tribunal to contact you to talk about the process.

Step 9 Extra pages

More space for answers to questions in form

You may add up to 5 pages for Step 3 – Details and up to 5 pages for Step 4 – Time Limit.

☐ Check here if you are attaching extra pages.

Number each page you attach, write the step you are responding to, and name the Respondent that it is about.

How many extra pages are you attaching: _____

Evidence

Do not file evidence now unless an exception applies. There are 2 exceptions:

1. You can file evidence to show why you filed your complaint late. For example, a doctor's note.
2. If your complaint is about a job ad or publication, you can attach the ad or publication.

☐ Check here if you are attaching evidence. One of these exceptions must apply.

How many pages of evidence are you attaching: _____

Keep your documents. The Tribunal will tell you when you need to submit evidence to support your complaint.

Step 10 Confirm information is true and accurate

Keep a copy of your complaint form.

Check the following box:

☐ The information I gave is true and accurate to the best of my knowledge and belief.

Individual Complaint

Step 11

Step 11 Demographic information

The Tribunal wants to ensure that everyone can access and use its process. We use this information to know how the process works for different groups. Your information is **confidential**. We share it with the Office of the Human Rights Commissioner on a confidential basis. We do not give it to the Respondents. We share only statistics or “aggregated data” with the public.

This section is **voluntary**. You can complete all, some, or none. Check all that apply.

<p>1. Indigenous Identity</p> <p><input type="checkbox"/> First Nations</p> <p><input type="checkbox"/> Métis</p> <p><input type="checkbox"/> Inuit</p> <p><input type="checkbox"/> Indigenous</p> <p><input type="checkbox"/> Other: _____</p> <p>2. Racial Identity</p> <p><input type="checkbox"/> Indigenous</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> East Asian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Latinx</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Mixed Race</p> <p><input type="checkbox"/> Other: _____</p> <p>3. Primary Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> ASL</p> <p><input type="checkbox"/> Chinese Traditional</p> <p><input type="checkbox"/> Chinese Simplified</p> <p><input type="checkbox"/> Punjabi</p> <p><input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Farsi</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other: _____</p>	<p>4. Disability requiring accommodation</p> <p><input type="checkbox"/> Pain-related</p> <p><input type="checkbox"/> Flexibility</p> <p><input type="checkbox"/> Mobility</p> <p><input type="checkbox"/> Dexterity</p> <p><input type="checkbox"/> Seeing</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Deafblind</p> <p><input type="checkbox"/> Mental health-related</p> <p><input type="checkbox"/> Cognitive</p> <p><input type="checkbox"/> Memory</p> <p><input type="checkbox"/> Learning</p> <p><input type="checkbox"/> Developmental</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p> <p>5. Gender Identity</p> <p><input type="checkbox"/> Woman</p> <p><input type="checkbox"/> Man</p> <p><input type="checkbox"/> Intersex</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Two Spirit</p> <p><input type="checkbox"/> Other: _____</p> <p>6. Sexual Orientation</p> <p><input type="checkbox"/> LGBTQ</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Other: _____</p>	<p>7. Immigration Status</p> <p><input type="checkbox"/> Canadian citizen</p> <p><input type="checkbox"/> Permanent resident</p> <p><input type="checkbox"/> Refugee</p> <p><input type="checkbox"/> Temporary visa</p> <p><input type="checkbox"/> Other: _____</p> <p>8. Age</p> <p><input type="checkbox"/> Under 19</p> <p><input type="checkbox"/> 20-34</p> <p><input type="checkbox"/> 35-49</p> <p><input type="checkbox"/> 50-64</p> <p><input type="checkbox"/> 65 and over</p> <p>9. Household</p> <p><input type="checkbox"/> Single parent family</p> <p><input type="checkbox"/> Two parent family</p> <p><input type="checkbox"/> Single adult</p> <p><input type="checkbox"/> Two adults</p> <p><input type="checkbox"/> Other: _____</p> <p>10. Household Income After Tax</p> <p><input type="checkbox"/> Under \$20,000</p> <p><input type="checkbox"/> \$20,000 to \$39,999</p> <p><input type="checkbox"/> \$40,000 to \$59,999</p> <p><input type="checkbox"/> \$60,000 to \$79,999</p> <p><input type="checkbox"/> \$80,000 to \$99,999</p> <p><input type="checkbox"/> \$100,000 or more</p>
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Accommodation

The Tribunal wants to make sure its process is safe and accessible for everyone.

You may need us to address your needs so you can take part. (The legal term is “accommodation”.)

If you need an accommodation, send us a page called “Accommodation Request”.

Examples:

- “I am Deaf. I need an interpreter.”
- “I am Indigenous. I want to smudge at the hearing.”

Privacy Notice

The Tribunal collects personal information to process human rights complaints. The Tribunal may survey parties to improve its services.

The demographic information you give at the end of this form is confidential.

The Tribunal will give a copy of the rest of the form to the other parties.

The Tribunal must provide copies of complaints and responses to the Office of the Human Rights Commissioner. The Tribunal may provide the Commissioner with other records in a complaint file.

The Tribunal may disclose personal information to the public as follows:

- The Tribunal publishes most decisions on its website.
- The Tribunal publishes a hearing schedule.
- Before a hearing, the public can see parts of the file. This does not include contact information.

It does include:

- The complaint,
- The response to the complaint.
- Hearings are open to the public.
- The Freedom of Information and Protection of Privacy Act applies to the Tribunal. Someone can apply to see information in the complaint file.

You can ask the Tribunal to limit the information it makes public. You can also ask the Tribunal to order a publication ban. Use a Form 7.1 General Application to apply. For more information, see [Apply to Limit Publication of Personal Information](#) on the Tribunal website.

Other laws may restrict a party from going public with information in this complaint.

For more information, see the [Complaint Process Privacy Policy](#).

What happens next?

The Tribunal will review your complaint. Next, it will tell you one of the following:

- The complaint form is complete and the complaint will proceed to the next step. The Tribunal will send a copy to the Respondent(s).
- The complaint form is incomplete and the Tribunal will ask you for more information by a certain date.
- The complaint is on hold until the end of another proceeding.
- The complaint cannot be accepted for filing because:
 - The complaint is not covered by the BC Human Rights Code,
 - The complaint does not set out facts that could be discrimination under the BC Human Rights Code, or
 - The complaint was filed late and the Tribunal has decided not to accept it.

Protection from retaliation

The Human Rights Code forbids retaliation:

- Against someone who makes a complaint to the Tribunal or who might make a complaint, or
- Against someone who might get involved in a complaint. This includes parties, witnesses, or anyone who might help with a complaint.

Retaliation is conduct that punishes someone for their involvement in a complaint. It includes:

- Evicting
- Firing or suspending
- Expelling or kicking out
- Intimidating
- Penalizing
- Other similar kinds of harm

For more information see [Protection from Retaliation](#) on the Tribunal website.

If you or someone else has been retaliated against, complete a Form 1.4 – Retaliation Complaint available in the [Forms](#) section on our website.