



VERIFICATION OF STATUS (VOS) OR REPLACEMENT OF AN IMMIGRATION DOCUMENT

(To be completed and returned with the application checklist)

1 Client ID number/UCI

PART A - PERSONAL DETAILS

2 Surname (Family name) on entry NOBODY		3 Given name(s) on entry PETER	
4 Current surname (if different from name on entry)		5 Current given name (if different from name on entry)	
7 Date of birth 1965-07-31 YYYY-MM-DD		8 Place of birth (City, state/province and country) LIVERPOOL, ENGLAND	
10 Passport number		11 Date of issue 2015-06-22 YYYY-MM-DD	
Indicate if: <input type="checkbox"/> On entry <input checked="" type="checkbox"/> Current		9 Citizenship BRITISH	
13 Marital status on entry <input type="checkbox"/> Never married <input checked="" type="checkbox"/> Married		If you are married, is your spouse a Canadian citizen or permanent resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law partner			
14 Language of correspondence <input checked="" type="checkbox"/> English <input type="checkbox"/> French			
15 Current mailing address			
P.O. box	Apt./Unit	Street no. 49	Street name DORCHESTER ST.
City/Town SYDNEY	Country CANADA	Province/State ON	Postal code B1P 2C4
16 Residential address Same as mailing address? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Apt./Unit	Street no.	Street name	City/Town
Country	Province/State	Postal code	District
17 Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other		18 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other	
Type CELLULAR	Country Code 1	No. 416 555 2345	Ext.
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.) MYEMAIL@DOMAIN.COM			

PART B - DOCUMENTS REQUESTED

1 What type of request are you making? <input checked="" type="checkbox"/> Verification of Status <input type="checkbox"/> Replacement of a valid temporary resident document	
2 Immigration document Date of Issue 2003-03-03 YYYY-MM-DD	3 Canadian port of entry - Place of issue PEARSON AIRPORT, TORONTO
4 Indicate for which of the following you need a replacement copy or a Verification of Status document. If you have more than one valid temporary resident document, indicate the document ID number or if unknown, the document issue and expiry date of the requested document.	
<input checked="" type="checkbox"/> Immigrant Visa and Record of Landing - Confirmation of Permanent Residence	<input type="checkbox"/> Exclusion Order
<input type="checkbox"/> Authorization to Return to Canada	<input type="checkbox"/> Departure Order
<input type="checkbox"/> Work Permit	<input type="checkbox"/> Permit to Come Into or Remain in Canada - Temporary Resident Permit
<input type="checkbox"/> Study Permit	<input type="checkbox"/> Protected Person
<input type="checkbox"/> Visitor Record	
OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____

PART B - DOCUMENTS REQUESTED (continued)

5 Was your original immigration document Lost Stolen Destroyed Other

Provide details. If the document was a valid temporary resident document and was lost or stolen, indicate the police report number. If you do not have a police report number, please provide a brief explanation in the space provided.

IN JUNE 2015 I LOST MY WALLET. I WAS ON A BUS GOING TO WORK. I DID NOT REPORT THE LOSS TO THE POLICE.

6 If you are requesting a Verification of Status of an Immigrant Visa and Record of Landing/Confirmation of Permanent Residence have you applied for it before?

No Yes If yes, when did you apply? YYYY-MM-DD

7 If you are applying for a Verification of Status of an Immigrant Visa and Record of Landing/Confirmation of Permanent Residence 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?

No Yes If yes, attach copies of the relevant court documents.

8 Are you a Canadian citizen? No Yes

9 List all names you have ever used.

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)
NOBODY	PETER	JONES (MIDDLE NAME)

10 Did you enter Canada as a Visitor Student Worker Permanent Resident Protected Person

PART C - IF YOU ENTERED CANADA AS A PERMANENT RESIDENT PRIOR TO 1973, COMPLETE THE FOLLOWING SECTION

1 Provide the full names and date of birth of the person(s) who accompanied you on arrival in Canada.
(e.g., middle name, maiden name, English name or alias.)

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)	Date of birth YYYY-MM-DD

2 Were either of your parents born Canadian citizens? No Yes

3 What are the names and dates of birth of your parents?

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)	Date of birth YYYY-MM-DD

4 What is/was the occupation of each of your parents?

Mother's occupation

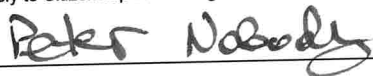
Father's occupation

5 Had you or your parents ever been part of any military at the time you entered Canada? No Yes

DECLARATION

I solemnly declare that the information I have provided is, to the best of my knowledge, complete and accurate. I authorize the department of Citizenship and Immigration Canada to verify the information I have provided. If I am requesting a replacement document and should I ever regain possession of the original document, I promise to return it immediately to Citizenship and Immigration Canada.

Signature



Date



YYYY-MM-DD

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* for the purposes of verifying your status in Canada. It will be stored in Personal Information Banks (entitled PPU 053 Permanent Resident Data System, PPU 054 Temporary Worker Records and Case File, and PPU 051 Foreign Student Records and Case File) CIC. Information may 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 access, correction and protection of their personal information. Details on these matters are available at the CIC website (<http://www.cic.gc.ca/english/department/atip/infosource/index.asp>) and through the Citizenship and Immigration Canada Call Centre.

7. Your representative's contact information

Name of firm or organization (if applicable) IMMIgroup Inc.			
If student-at-law, write the name of the supervising lawyer			Supervising lawyer membership ID
Mailing address 2558 Danforth Avenue, Suite 202			
Toronto, ON			
Postal code/ZIP M4C 1L3			
Telephone number	Country code	Area code	Number
	(1)	416 -	962 2623
Fax number	Country code	Area code	Number
	(1)	416 -	640 2650
Email address (if applicable) info@immigroup.com			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific email address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

(YYYY-MM-DD)

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10. Your declaration**

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant



Date

(YYYY-MM-DD)

2016-03-17

Signature of spouse or common-law partner
for sponsorship application

Date

(YYYY-MM-DD)

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and the *Citizenship Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations* and the *Citizenship Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca. **Infosource is also available in Canadian public libraries.**