



# SOCIAL INSURANCE NUMBER APPLICATION

## APPLICATION FOR A

- FIRST SOCIAL INSURANCE NUMBER CARD
- REPLACEMENT CARD
- LEGAL CHANGE OF NAME(S)
- CHANGE OF STATUS
- UPDATE TO RECORD (no card will be issued)
- CHANGE TO THE EXPIRY DATE
- OTHER - SPECIFY \_\_\_\_\_

FINDER NO	DATE
DO NOT WRITE IN THIS AREA	

### INFORMATION CONCERNING THE APPLICANT

PRINT CLEARLY IN BLUE OR BLACK INK

1	NAME TO BE SHOWN ON CARD	First Given Name	Other Given Names (to be printed on card)	Family Name
2	DATE OF BIRTH	Day	Month	Year
3	GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Check if you are a twin, triplet, etc.
4	MOTHER'S NAME (at birth)	Given Name(s)	Family Name	
5	FATHER'S NAME	Given Name(s)	Family Name	
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village	Province	Country
7	APPLICANT'S FAMILY NAME AT BIRTH	OTHER FAMILY NAME(S) PREVIOUSLY USED		
9	HAVE YOU EVER HAD A SOCIAL INSURANCE NUMBER?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	10
11	STATUS IN CANADA	Check one of the following: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Registered Indian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other		12
	Are you currently residing in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home Telephone Number
				Daytime Telephone Number
13	MAIL TO (Address where you want your card to be sent)	In care of (if different than item 1)		
		Number and Street	Apartment No.	
		City, Town or Village	Province	Postal Code
14	APPLICANT'S SIGNATURE	If the applicant is under 12 years of age, the father, mother or legal guardian must sign and indicate his/her relationship. If you are a guardian, you must submit a document showing proof of legal guardianship. If "X" is used as a signature, have two witnesses sign here.		Date

The name(s) formerly used will be maintained in the Social Insurance Number register. Information collected on this form is used for the purpose of issuing Social Insurance Numbers. Its collection is authorized by the Employment Insurance Act. For more details on the uses and rights concerning inspection and correction of the information, refer to the publication Info Source, Bank No. HRDC PPU 390, available in Human Resource Centres of Canada and major public libraries.

IT IS AN OFFENCE TO KNOWINGLY APPLY FOR MORE THAN ONE SOCIAL INSURANCE NUMBER AND TO GIVE OR LEND YOUR CARD TO ANYONE.

### DO NOT WRITE BELOW - FOR LOCAL OFFICE USE ONLY

A	ALL NAMES AS SHOWN ON PRIMARY DOC.	Given Names	Family Name
B	DATE OF BIRTH AS SHOWN ON PRIMARY DOC.	Day	Month
C	PRIMARY DOCUMENT SEEN	Year	Abbreviation
D	NUMBER ON DOCUMENT	CERTIFICATION STAMP	
E	SUPPORTING DOCUMENT SEEN	Abbreviation	F
			LOCAL OFFICE FAX NO.
G	FEE PAID	Amount \$	Receipt No.
H	REMARKS / REASON FOR PRIORITY REQUEST	Usercode	