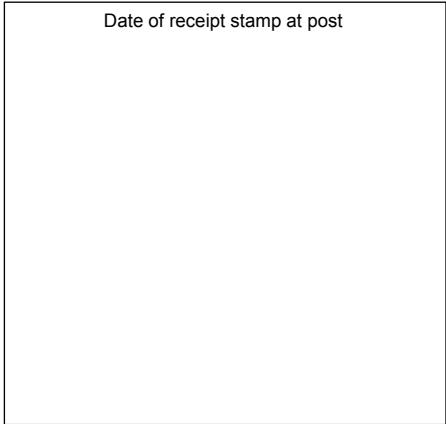
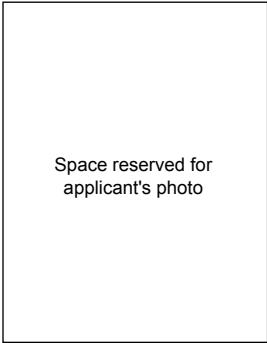




# APPLICATION TO VOLUNTARILY RENOUNCE PERMANENT RESIDENT STATUS

All individuals, regardless of age, must complete their own application form. All parents or legal guardians must complete and sign application for children under the age of 18.

Use an extra sheet of paper if you need more space to answer a question. Print your name at the top of the sheet and indicate the question number.



I want service in: <input type="checkbox"/> English <input type="checkbox"/> French	UCI/Client ID (if known)
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## PART A - PERSONAL INFORMATION

<b>1</b> Your full name (as it appears on your Record of Landing (IMM 1000) or Confirmation of Permanent Residence (IMM 5292 or IMM 5688) or Permanent Resident Card)				
Family name			Given name(s)	
Other names (for example, maiden name, son/daughter of, other family name, other given name)				
<b>2</b> Your sex	<b>3</b> Your date of birth (YYYY-MM-DD)	<b>4</b> Your place of birth		
<input type="checkbox"/> Female <input type="checkbox"/> Male		Town/City	State/Province	Country
<b>5</b> Your marital status (choose one)				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-law partner				
<b>6</b> Date and place you became a permanent resident of Canada				
Date (YYYY-MM-DD)		City	Province	
<b>7</b> The number on your Record of Landing, Confirmation of Permanent Residence or Permanent Resident Card			<b>8</b> Passport number	Delivery date (YYYY-MM-DD) / Expiry date (YYYY-MM-DD)
<b>9</b> a) Do you have citizenship status in a country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, indicate of which country(ies): _____				
b) Are you a permanent resident of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No			c) Which country(ies) can you return to?	
If yes, indicate of which country(ies): _____			_____	
<b>10</b> a) Your current residential address				
Street number and street name				
City/Town	Province/State	Country	Postal Code	District
If we need to reach you while we process your application			Your e-mail address (if available)	
Your telephone no. (country code, area code and number)			_____	
b) Your mailing address (if different from above)				
Street number and street name				
City/Town	Province/State	Country	Postal Code	District
c). Address in Canada where you intend to stay during your visit				
Street number and street name				
City/Town	Province/Territory	Country	Postal Code	

**PART B - DECLARATION**

- I confirm that I would like to voluntarily renounce my permanent resident status.
- I understand that, if my application to renounce permanent resident status is approved:
  - I will no longer be entitled to enter or remain in Canada as a permanent resident;
  - I will only be able to enter or remain in Canada if I meet all regular requirements for a temporary resident (visitor, student or worker);
  - If I do not meet the requirements of the *Immigration and Refugee Protection Act* as a temporary resident, I could be barred from entering Canada or removed from Canada;
  - Any applications for Canadian citizenship or to sponsor my family members that I may have previously submitted will be refused and I will not receive a refund of the processing fees;
  - I will no longer be entitled to the social services available to permanent residents. If necessary, I have verified with the government departments that provide social services and benefits that I cannot receive them if I am no longer a permanent resident of Canada.
- I understand that it is not necessary to renounce my permanent resident status in Canada to become a Canadian citizen.
- If this form is for a child under the age of 18, I certify that I am one of the child's parents or legal guardians and that all of the child's parents or legal guardians have signed the form.
- I understand the above statements; I have asked for and obtained an explanation on every point that was not clear to me.
- I also understand that the information I provide may be verified and I consent to this verification.
- I certify that the information given on this form and on any attached documents is correct, complete and accurate and that it is a serious offence to provide false or misleading information and that the provision of false or misleading information may be grounds for my prosecution and removal from Canada.

Signature of applicant

Date (YYYY-MM-DD)

Signature of parent or guardian - 1 (if applicant is under the age of 18)

Date (YYYY-MM-DD)

Name of parent or guardian

**Note:** In the event that the applicant named on this form has **more than two guardians**, the application must be accompanied by a signed and dated solemn declaration indicating that **all guardians understand and consent to the above conditions**.

Signature of parent or guardian - 2 (if applicant is under the age of 18)

Date (YYYY-MM-DD)

Name of parent or guardian