



SOCIAL INSURANCE NUMBER APPLICATION

This application form is NOT required if you go in-person to apply.

This application form must be accompanied by original document(s).

I am applying for a (an):

- FIRST SOCIAL INSURANCE NUMBER (SIN)
- UPDATE or CORRECTION TO SIN RECORD
- CONFIRMATION OF SIN
- LEGAL CHANGE OF NAME
- CHANGE OF STATUS
- CHANGE TO THE EXPIRY DATE ("900 Series SIN")
- OTHER - SPECIFY _____

FINDER NO	DATE
DO NOT WRITE IN THIS AREA	

INFORMATION CONCERNING THE APPLICANT

PRINT CLEARLY IN **BLUE** OR **BLACK INK**

1	APPLICANT'S NAME TO BE SHOWN ON SIN RECORD	First Given Name	Other Given Name(s)	Family Name
2	APPLICANT'S DATE OF BIRTH	Day	Month	Year
3	APPLICANT'S GENDER	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X <input type="checkbox"/> Check if the applicant is a twin, triplet, etc.		
4	APPLICANT'S PARENT'S NAME AT BIRTH	Given Name(s)	Family Name at Birth	
5	APPLICANT'S PARENT'S NAME AT BIRTH	Given Name(s)	Family Name at Birth	
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village	Province/Territory/State	Country
7	APPLICANT'S FAMILY NAME AT BIRTH	8 OTHER FAMILY NAME(S) PREVIOUSLY USED		
9	DID THE APPLICANT EVER HAVE A SOCIAL INSURANCE NUMBER (SIN)? If yes, write the nine digit number here _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown (don't recall)			
10	APPLICANT'S STATUS IN CANADA	Check one of the following: <input type="radio"/> Canadian Citizen <input type="radio"/> Registered Indian <input type="radio"/> Permanent Resident <input type="radio"/> Temporary Resident <input type="radio"/> Other		11
		IS THE APPLICANT currently residing in Canada? <input type="radio"/> Yes <input type="radio"/> No		Primary Telephone Number
				Evening Telephone Number
12	APPLICANT'S MAILING ADDRESS	In care of (if different than the name in item 1) Number and Street City, Town or Village Province/Territory/State Country Postal/ZIP Code Apartment, suite or unit No.		
13	<p>The personal information you provide is collected under the authority of the Employment Insurance Act (EIA) and the Department of Employment and Social Development Act (DESDA) for the purpose of assigning a Social Insurance Number (SIN) to you or your child. Participation is voluntary; however, refusal to provide your personal information will result in you or your child not receiving a SIN. The information you provide may be shared with federal departments and agencies that are authorized users of the SIN and in accordance with the Treasury Board Secretariat Directive on the Social Insurance Number for the administration of benefits and services; and/or with federal and provincial departments for the administration and enforcement of the legislation for which they are responsible. The information and documents you provide may also be verified with provincial and territorial vital statistics registers or Immigration, Refugees and Citizenship Canada records. The information may also be used and/or disclosed for policy analysis, research and/or evaluation purposes, however, these additional uses and/or disclosures of your personal information will not result in an administrative decision being made about you. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank (ESDC PPU 390 Social Insurance Number Register) of the government publication Info Source. Instructions for obtaining this information are available online at Info Source, (which is available at the following web site address: Canada.ca/infosource-ESDC). Info Source may also be accessed online at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information.</p> <p><i>I acknowledge that the information provided on the application form is true and complete.</i></p> <p>Signature of applicant/representative: _____ Date (YYYY-MM-DD): _____</p> <p>Relationship of representative to the applicant: <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Legal Representative</p> <p>IMPORTANT: If you are a representative such as a parent, legal guardian or legal representative applying on behalf of the applicant you must sign for the applicant and provide additional document(s). Refer to the Information Guide for Applicants -Additional document(s) required for representatives.</p> <p>Printed Name of representative: _____ Telephone Number of representative: _____</p>			

IT IS AN OFFENCE TO FRAUDULENTLY USE YOUR SIN, INCLUDING TO KNOWINGLY APPLY FOR MORE THAN ONE SIN AND TO SELL, GIVE OR LEND YOUR NUMBER OR CARD TO ANYONE WITH THE INTENT TO DECEIVE.

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

A	ALL NAMES AS SHOWN ON PRIMARY DOC.	Given Name(s)	Family Name
B	DATE OF BIRTH AS SHOWN ON PRIMARY ID DOC.	Day	Month
C	PRIMARY DOCUMENT SEEN	Year	Abbreviation
D	DOCUMENT NO.	E	SUPPORTING ID DOCUMENT SEEN
		Abbreviation	
F	USER CODE:	RESPONSIBILITY CENTRE NO. WHERE REFERRAL GENERATED:	REFERENCE (FINDER) NO.:
		OFFICER'S INITIALS:	
G	SECONDARY ID DOCUMENT SEEN		
H	REMARKS / REASON FOR PRIORITY REQUEST		