



Alex Ruff, MSC, CD, MP
Bruce-Grey-Owen Sound

IRCC Consent Form Supplement

Person Requesting Information

Name: _____

Phone Number: _____

Email: _____

Address: _____

Relationship to Applicant: _____

Applicant (indicate if same as above)

Name(s)- (Provide Full Name; i.e. First, Middle and Last Name): _____

Date(s) of Birth: _____

Country of Birth: _____

File Number: _____

UCI Number: _____

Is the applicant currently in Canada: _____

What is their current status: _____

What are they applying for: _____

Have they ever been denied entry to Canada: _____

What information are you looking for: _____

Any other information I should be aware of: _____
