



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 / Application 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: _____

***Please provide all information requested as it is required for validation with IRCC**

***Indicate additional persons included on the application on the next page to include sponsor, child, or others:**

Additional Person 1

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

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

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____

Additional Person 2

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

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

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____

Additional Person 3

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

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

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____