

# APPLICANT INQUIRY FORM

To: the Canadian Consulate General  
In Buffalo, N.Y. U.S.A.

Please print clearly or type

Fax to: (716) 858-9591  
Or Mail to: Immigration Section  
3000 Marine Midland Centre  
Buffalo, New York 14203-2884

**File Number:**      **B** \_\_\_\_\_

*Applicant's name:* \_\_\_\_\_  
(Last name)                      (First Name)                      (other)

*Date of Birth:* \_\_\_\_\_  
(Day)                      (Month)                      (Year)

*Applicant's fax number* (if applicable): (\_\_\_\_\_) \_\_\_\_\_  
(only in USA or Canada)                      (Area Code)                      (Number)

*Applicant's address:*  
\_\_\_\_\_  
\_\_\_\_\_  
(City)                      (Country)

*Applicant's comments or questions(s):*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that we cannot respond to case status requests on files which are being processed within our service standards. Such requests will be discarded.**

*Visa Office Reply:* (Please do not write in the space below)  
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