



**APPLICATION FOR A:**

**If you are replacing your SIN card,  
you must pay a \$ 10.00 fee**

- FIRST SOCIAL INSURANCE NUMBER CARD (fee not required)
- REPLACEMENT CARD (fee required)
- CHANGE OF NAME(S) ON CARD (fee not required)
- CHANGE OF STATUS (fee not required)
- OTHER CHANGES (no card will be issued and no fee required)

|   |
|---|
| FINDER NO:  |
| <b>DO NOT WRITE IN THIS AREA</b>  |
| <b>YOUR APPLICATION WILL BE RETURNED IF NOT ACCOMPANIED<br/>BY THE REQUIRED DOCUMENTS</b> |

**INFORMATION CONCERNING THE APPLICANT. PLEASE PRINT CLEARLY.**

|                                |  |   |  |   |
|--------------------------------|--|---|--|---|
| <b>1</b>                       | NAME TO BE SHOWN ON CARD   | First Name                                | Middle Name (if wanted on card)                        | Family Name                                 |
| <b>2</b>                       | DATE OF BIRTH  | Day                                       | Month  | Year  |
| <b>3</b>                       | SEX  | <input type="checkbox"/> Male             | <input type="checkbox"/> Check block if you are a twin |   |
| <b>4</b>                       | MOTHER'S FULL NAME AT HER BIRTH  |   | <b>5</b> FATHER'S FULL NAME AT HIS BIRTH               |   |
| <b>6</b>                       | APPLICANT'S PLACE OF BIRTH   | City, Town or Village                     |  | Province                                    |
| Country                        |  |   |  |   |
| <b>7</b>                       | FAMILY NAME AT BIRTH   |   | <b>8</b> OTHER FAMILY NAME(S) PREVIOUSLY USED          |   |
| <b>9</b>                       | HAVE YOU EVER HAD A SOCIAL INSURANCE NUMBER?   | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                           | <b>10</b> IF "YES", WRITE YOUR NUMBER HERE  |
| <b>11</b>                      | STATUS IN CANADA   | <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Registered Indian             | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Other |  |   |  |   |
| <b>12</b>                      |  | Telephone Numbers                         | Home ( )   | Work ( )                                    |
| <b>13</b>                      | ADDRESS WHERE YOU WANT YOUR SIN CARD TO BE MAILED  | Number and Street                         |  | Apartment No.                               |
|                                |  | City, Town or Village                     |  | Province                                    |
| Postal Code                    |  |   |  |   |
| <b>14</b>                      | (If you are under 12 years of age, your parent / guardian must sign and indicate his / her relationship. If "X" is used as a signature, have two witnesses sign here.) |   |  | Date  |
| Applicant's Signature          |  |   |  |   |

INFORMATION COLLECTED ON THIS FORM IS USED FOR THE PURPOSE OF ISSUING SOCIAL INSURANCE NUMBERS. ITS COLLECTION IS AUTHORIZED BY THE EMPLOYMENT INSURANCE ACT. FOR MORE DETAILS ON THE USES AND RIGHTS CONCERNING INSPECTION AND CORRECTION OF THE INFORMATION, REFER TO THE PUBLICATION INFO SOURCE, BANK NO. HRDC PPU 390, AVAILABLE IN HUMAN RESOURCE CENTRES OF CANADA AND MAJOR PUBLIC LIBRAIRIES.

**IT IS AN OFFENCE TO KNOWINGLY APPLY FOR MORE THAN ONE SOCIAL INSURANCE NUMBER.  
YOU ARE NOT PERMITTED TO GIVE OR LEND YOUR CARD TO ANYONE.**

|  |  |                         |                                 |      |
|--|--|-------------------------|---------------------------------|------|
| <b>DO NOT WRITE BELOW, FOR LOCAL OFFICE USE ONLY</b> |  |                         |                                 |      |
| <b>A</b>   | ALL NAMES AS SHOWN ON PRIMARY DOC.     | Given Names             | Family Name                     |      |
| <b>B</b>   | DATE OF BIRTH AS SHOWN ON PRIMARY DOC. | Day                     | Month                           | Year |
| <b>C</b>   | PRIMARY DOCUMENT SEEN                  | (Abbr.)                 | (Client ID - Serial / Reg. No.) |      |
| <b>D</b>   | PRIORITY SIN REASON                    | ELECTRONIC MAIL ADDRESS |                                 |      |
| <b>E</b>   | FEE PAID                               | Amount \$               | Receipt No.                     |      |
| <b>F</b>   | <b>CERTIFICATION STAMP</b>             |                         |                                 |      |
| REMARKS  |  |                         |                                 |      |