

## IDENTIFICATION INFORMATION

### 1. INFORMATION ABOUT ME

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX	DATE OF BIRTH
			*   *	<input type="checkbox"/> M <input type="checkbox"/> F	DAY   MONTH   YEAR *   *   *

### 2. CHILD(REN) (if there are more than four children, attach additional page)

LAST NAME	FIRST	MIDDLE	Province/Territory/State of residence (last 6 mos)	Sex of child	DATE OF BIRTH
1.				<input type="checkbox"/> M <input type="checkbox"/> F	DAY   MONTH   YEAR *   *   *
2.				<input type="checkbox"/> M <input type="checkbox"/> F	*   *   *
3.				<input type="checkbox"/> M <input type="checkbox"/> F	*   *   *
4.				<input type="checkbox"/> M <input type="checkbox"/> F	*   *   *

### 3. INFORMATION ABOUT THE RESPONDENT (the other person)

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX	DATE OF BIRTH
			*   *	<input type="checkbox"/> M <input type="checkbox"/> F	DAY   MONTH   YEAR *   *   *
ALIASES / OTHER NAMES USED		HEALTHCARE NUMBER		PERSON RESPONDENT LIVING WITH (spouse, common-law, or other partner)	
OTHER IDENTIFICATION NUMBERS				RESPONDENT'S MOTHER'S MAIDEN (BIRTH) NAME	
CURRENT, OR LAST KNOWN ADDRESS (STREET AND NUMBER)			CITY		
			THE RESPONDENT'S ADDRESS IS: <input type="checkbox"/> CURRENT, or <input type="checkbox"/> AS OF (date):		
PROVINCE / TERRITORY / STATE		COUNTRY		POSTAL / ZIP CODE	
				AREA CODE AND TELEPHONE - HOME	
<input type="checkbox"/> CURRENT, OR <input type="checkbox"/> LAST KNOWN EMPLOYER			USUAL OCCUPATION (INCLUDE UNION AND LOCAL, TRADE OR PROFESSIONAL MEMBERSHIP)		
WORK ADDRESS (STREET AND NUMBER)			CITY		AREA CODE AND TELEPHONE - WORK
PROVINCE / TERRITORY / STATE		COUNTRY		POSTAL / ZIP CODE	
				AREA CODE AND FAX - WORK	

### 4. DESCRIPTION OF RESPONDENT

HEIGHT	WEIGHT	EYE COLOUR	HAIR COLOUR	COMPLEXION	WEARS GLASSES? <input type="checkbox"/> Y <input type="checkbox"/> N	CONTACTS? <input type="checkbox"/> Y <input type="checkbox"/> N	PLACE OF BIRTH
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VISIBLE DISTINGUISHING MARKS OR FEATURES (TATTOOS, BEAUTY MARKS, SCARS, ETC.)

#### FRIENDS AND/OR RELATIVES WHO KNOW WHERE TO CONTACT THE RESPONDENT

NAME	RELATION	ADDRESS	CITY	PROV/TERR/STATE	POSTAL/ZIP CODE	TELEPHONE
1.						
2.						
3.						

PHOTOGRAPH OF RESPONDENT IS  NOT ATTACHED, OR  ATTACHED. YEAR PHOTO TAKEN: \_\_\_\_\_.

### 5. MAINTENANCE ENFORCEMENT FILE

I have a Maintenance Enforcement file in my province/territory/state. File # \_\_\_\_\_.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

\_\_\_\_\_  
Claimant's/Applicant's signature