

05-22-64-600-14

SOCIAL SECURITY NUMBER  
**PERSONAL RECORD**  
(Please Use Black Ink Only)  
FACSIMILE OR SIGNATURES ARE NOT ALLOWED



**E-1**  
Form 0000

EMPLOYER'S ADDRESS

EMPLOYEE'S ADDRESS

RELATIONSHIP/POSITION

ADDRESS (NO. & STREET/CITY/TOWN & PROVINCE) TORONTO, ONTARIO CANADA

SEX INDICATOR

MALE  
FEMALE

DATE OF BIRTH (MONTH/DAY/YEAR)

MM DD YY

CHILDREN INDICATOR

MALE  
FEMALE  BORN  TWIN

SPouse INDICATOR

CHILDREN  
INDICATOR

YES  NO

DATE OF BIRTH  
(MONTH/DAY/YEAR)

MM DD YY

MOTHER (MIA)

MOTHER (MIA)



LEFT (FAMILY)



RIGHT (FAMILY)

I hereby certify that the above  
(above information) are true and correct.  
by (date of issue.)

Signature \_\_\_\_\_

Form

PLEASE READ REMARKS AT THE BACK (NAME AND FAX NUMBER)