Immigration Inquiry Form

Inquirer

First Name: _____ **Last Name:** _____ **Middle:** _____

Phone: _____ **Email:** _____

Address: _____ **City:** _____

Prov: _____ **Postal:** _____

Relationship with Applicant: _____

Applicant

Application Type: _____ **Sex: M F**

First Name: _____ **Last Name:** _____ **Middle:** _____

Date of Birth: _____ **Country of Birth:** _____

Country of Citizenship: _____ **File Number:** _____

UCI Number: _____

Consulate/Office where application was submitted: _____

Authorization *(to be completed by the applicant)*

I, _____, (applicant) authorize the office of Randy Hoback, MP to have access to information relating to my immigration case and discuss this with (inquirer/sponsor).

Applicant signature X_____ Date X_____

Please fax your completed form: 306-953-8625 (Prince Albert)
306-862-2267 (Nipawin)

- or -

Email a scanned and signed copy to: randy.hoback.c1@parl.gc.ca (Prince Albert)
randy.hoback.c2@parl.gc.ca (Nipawin)