



SOCIAL INSURANCE NUMBER APPLICATION

This application form is not required if you go in-person to apply. Refer to the *Information Guide* or call 1-800-206-7218 (select Option #3) or 506-548-7961 (long-distance charges apply) to determine if you are eligible to apply by mail.

This application form must be accompanied by original document(s).

I am applying for a (an):

- | | |
|--|---|
| <input type="checkbox"/> FIRST SOCIAL INSURANCE NUMBER (SIN) | <input type="checkbox"/> CHANGE OF STATUS |
| <input type="checkbox"/> UPDATE or CORRECTION TO SIN RECORD | <input type="checkbox"/> CHANGE TO THE EXPIRY DATE ("900 Series SIN") |
| <input type="checkbox"/> CONFIRMATION OF SIN | <input type="checkbox"/> OTHER - SPECIFY _____ |
| <input type="checkbox"/> LEGAL CHANGE OF NAME | |

FINDER NO	DATE
DO NOT WRITE IN THIS AREA	

INFORMATION CONCERNING THE APPLICANT

PRINT CLEARLY IN **BLUE** OR **BLACK** INK

1	APPLICANT'S NAME TO BE SHOWN ON SIN RECORD	First Given Name	Other Given Name(s)	Family Name
	2	APPLICANT'S DATE OF BIRTH	Day	Month
3	APPLICANT'S SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Check if the applicant is a twin, triplet, etc.	
4	APPLICANT'S MOTHER'S NAME AT HER BIRTH	Given Name(s)	Family Name at Birth	
5	APPLICANT'S FATHER'S NAME AT HIS BIRTH	Given Name(s)	Family Name at Birth	
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village	Province/Territory/State	Country
7	APPLICANT'S FAMILY NAME AT BIRTH	8 OTHER FAMILY NAME(S) PREVIOUSLY USED		
9	DID THE APPLICANT EVER HAVE A SOCIAL INSURANCE NUMBER (SIN)? If yes, write the nine digit number here ____ - ____ - ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown (don't recall)			
10	APPLICANT'S STATUS IN CANADA	Check one of the following: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Registered Indian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other	11	Daytime Telephone Number Evening Telephone Number
IS THE APPLICANT currently residing in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	APPLICANT'S MAILING ADDRESS	In care of (if different than the name in item 1)		
		Number and Street		Apartment, suite or unit No.
		City, Town or Village	Province/Territory/State	Country
13	The personal information you provide is collected for the administration of the Employment Insurance Act (EIA) and the Department of Employment and Social Development Act (DESDA). It will be used by Service Canada officials (operating within Employment and Social Development (ESD)) for the purpose of assigning a Social Insurance Number (SIN) to you or your child, as authorized by the DESDA. Your personal information is administered in accordance with the DESDA, the EIA and the Privacy Act and your information will be retained in the Social Insurance Register. Participation is voluntary. However refusal to provide your personal information will result in you or your child not receiving a SIN. The information you provide may be shared with federal departments and agencies that are authorized users of the SIN and in accordance with the Treasury Board Secretariat Directive on the Social Insurance Number for the administration of benefits and services. The information may also be shared with provincial departments and agencies for the administration of benefits and services and/or federal and provincial departments for the administration and enforcement of the legislation for which they are responsible. The information and documents you provide may also be verified with provincial and territorial vital statistics registers or Citizenship and Immigration Canada records. The information may also be used and/or disclosed for policy analysis, research and/or evaluation purposes, and may be linked to various sources of information under the custody and control of ESD. However, these additional uses and/or disclosures of your personal information will not result in an administrative decision being made about you. You have the right to the protection of and access to your personal information, which is described in Personal Information Bank (HRSDC PPU 390) of the government publication Info Source. Instructions for obtaining this information are outlined in Info Source, which is available online at infosource.gc.ca . Info Source may also be accessed online at any Service Canada Centre.			
	I acknowledge that the information provided on the application form is true and complete.			
	Signature of applicant/representative: _____ Date : _____			
	Relationship of representative to the applicant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative			
IMPORTANT: If you are a representative such as a parent, legal guardian or legal representative applying on behalf of the applicant you must sign for the applicant and provide additional document(s). Refer to the <i>Information Guide for Applicants -Additional document(s) required for representatives</i> .				
Printed Name of representative: _____ Telephone Number of representative: _____				
IT IS AN OFFENCE TO FRAUDULENTLY USE YOUR SIN, INCLUDING TO KNOWINGLY APPLY FOR MORE THAN ONE SIN AND TO SELL, GIVE OR LEND YOUR NUMBER OR CARD TO ANYONE WITH THE INTENT TO DECEIVE.				

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

A	ALL NAMES AS SHOWN ON PRIMARY DOC.	Given Names	Family Name	
	B	DATE OF BIRTH AS SHOWN ON PRIMARY DOC.	Day	Month
C	PRIMARY DOCUMENT SEEN	Abbreviation		
D	DOCUMENT NO.	E	SUPPORTING DOCUMENT SEEN	Abbreviation
F	USER CODE:	RESPONSIBILITY CENTRE NO. WHERE REFERRAL GENERATED:	REFERENCE (FINDER) NO.:	OFFICER'S INITIALS:
G	SECONDARY DOCUMENT SEEN	Abbreviation		
H	REMARKS / REASON FOR PRIORITY REQUEST			

Social Insurance Number Application Checklist for Applicants Eligible to Apply by Mail

IMPORTANT: Review the following requirements. Failure to provide the necessary information, (completed application and original proof-of-identity documents) will result in your application being returned. You will receive a response within 20 business days from the date your request is received.

FOR APPLICANTS RESIDING IN CANADA: Visit our Web site at www.servicecanada.gc.ca to confirm your eligibility to apply by mail by using your [postal code](#). Call 1-800-206-7218 (select Option “3”) if you do not live in a remote area or to submit an application on behalf of someone else.

Did you include:

- The **original primary proof-of-identity document** in order to prove the identity and legal status in Canada of the applicant?
- The **original supporting proof-of-identity document** if the name indicated on the applicant's primary identity document is different from the name now being used?
- The **completed, signed** and **dated** Social Insurance Number application form?
- The relationship to the applicant in Item 13, if applicable?
- The mailing address of the Social Insurance Registration Office indicated properly?

Service Canada
Social Insurance Registration Office
P.O. Box 7000
Bathurst, NB E2A 4T1
Canada

NOTE: There is **no fee** to apply for a Social Insurance Number.

If you are applying on behalf of someone else, did you also include:

- Your **own original primary proof-of-identity document** if you are a parent or legal guardian applying on behalf of your minor child?
- Your **own original valid government-issued identification** if you are a legal representative applying on behalf of a minor child or an adult? Note: for provincial/territorial employees, an **original** valid employee identification is accepted.
- The **original** letter of authorization issued on agency letterhead and signed by the agency's Director/Administrator authorizing you as a legal representative to apply on behalf of a minor child or an adult if you are a provincial/territorial employee?
- The **original document or certified copy** confirming legal guardianship or legal representation if you are a legal guardian or legal representative of the applicant?

For more information:
Visit servicecanada.gc.ca