



THE CANADIAN HERALDIC AUTHORITY

APPLICATION FOR A GRANT OR A REGISTRATION OF HERALDIC EMBLEMS

PLEASE PRINT CLEARLY

1. APPLICATION (in block letters)

I, _____ (your name), hereby apply to receive or register heraldic emblems from the Canadian Crown, under the powers exercised by the Governor General of Canada, or to register with the Canadian Heraldic Authority previously assigned heraldic emblems.

2. CONTACT INFORMATION (in block letters)

Name in full	Family Name: Given Name(s): <i>Indicate your name as it appears on government-issued identification</i>
Full address	
Telephone number (check preferred)	<input type="checkbox"/> Home: <input type="checkbox"/> Office: <input type="checkbox"/> Cell:
Email address (check preferred)	<input type="checkbox"/> Home: <input type="checkbox"/> Office:
Language (check preferred)	<input type="checkbox"/> English <input type="checkbox"/> French
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

3. PERSONAL INFORMATION (in block letters)

Name at birth (if different from current)	
Date of birth	<i>Please write the month in full (e.g. 14 July 1990)</i>
Place of birth	<i>For Canada, include the municipality and province or territory For other countries, include the municipality and state, province, or other territorial division</i>
Honours	<i>List your honours that are recognized by the Canadian Honours System (see www.gg.ca/en/order-precedence)</i>
Father's name at birth	Family Name: Given Name(s):
Mother's name at birth	Maiden Name: Given Name(s):

4. BACKGROUND DOCUMENTS TO INCLUDE

4.1 Proof of Canadian Citizenship or Permanent Residency

Attach a copy of your:

- Government-issued birth certificate (long-form), indicating the names of your parents, with a certified translation if the original is in a language other than English or French. *(If you use a name that is different from the name shown on your birth certificate, please provide documentation indicating the change.)*

If you were not born in Canada, also attach a copy of at least one of the following:

- Canadian citizenship card (both sides)
 Canadian passport identification page
 Canadian permanent resident certificate

4.2 Personal history. Attach a summary of your education, work experience, and community service. A resumé is preferred.

4.3 Relatives. How many children do you have (biological, adopted, step-children)?

Son(s) _____ Daughter(s) _____ Grandson(s) _____ Granddaughter(s) _____ Other(s) _____

Complete a separate form (Form I-2020-B) for each of your relatives (usually descendants) if you wish to include heraldic emblems for them in your grant document.

5. PERSONAL REFERENCE CONTACT INFORMATION (in block letters)

Your references should have known you for at least two years; family members may not serve as referees. We reserve the right to request additional references.

PERSONAL REFERENCE 1	PERSONAL REFERENCE 2
<p>Name in full</p> <p>Last Name:</p> <p>First Name(s):</p>	<p>Name in full</p> <p>Last Name:</p> <p>First Name(s):</p>
<p>Telephone number (check preferred)</p> <p><input type="checkbox"/> Home/cell:</p> <p><input type="checkbox"/> Office:</p>	<p>Telephone number (check preferred)</p> <p><input type="checkbox"/> Home/cell:</p> <p><input type="checkbox"/> Office:</p>
<p>Email address (check preferred)</p> <p><input type="checkbox"/> Home:</p> <p><input type="checkbox"/> Office:</p>	<p>Email address (check preferred)</p> <p><input type="checkbox"/> Home:</p> <p><input type="checkbox"/> Office:</p>
<p>Language (check preferred)</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p>	<p>Language (check preferred)</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p>

6. DECLARATIONS AND SIGNATURE

6.1 Criminal court proceedings

On my honour, I affirm that:

- I have never been convicted of a criminal offence in Canada or elsewhere;
- AND
- I am not currently a defendant in any criminal court proceedings.

If you have been convicted of a criminal offence in Canada or elsewhere, or if a pardon or a record suspension has been revoked, explain your situation on a separate page.

6.2 By signing below:

- I affirm that all of the information on this form is correct to the best of my knowledge, and that I shall provide any updated information as it changes.
- I acknowledge that my place of birth and the names of my parents and descendants will be included in my grant of heraldic emblems. I understand that the information included in my grant document and the symbolism text will be publicly available as part of the *Public Register of Arms, Flags and Badges of Canada*, and that an announcement of the grant will be published in the *Canada Gazette*.
- I acknowledge that the approval of my request is subject to the recommendation of the chief herald of Canada.
- I acknowledge that the chief herald of Canada has the discretion to recommend the revocation of any heraldic emblems granted or registered as a result of this application if I make a false or incomplete statement herein or in the information supplied for this application.

FULL NAME (PRINT) _____

SIGNATURE _____ **DATE** _____

You must be at least 18 years old to sign this form

SEND TO: armorial@gg.ca; Dr. Samy Khalid, Chief Herald of Canada, Canadian Heraldic Authority,
1 Sussex Drive, Ottawa, ON K1A 0A1



THE CANADIAN HERALDIC AUTHORITY

FOR APPLICANT'S RELATIVES

PLEASE PRINT CLEARLY

A separate form must be completed for each relative (usually descendants) if the applicant wishes to include them in the grant or registration of heraldic emblems.

1. NAME OF APPLICANT (in block letters)

This form is part of the application of _____ to receive a grant of heraldic emblems from the Canadian Crown, under the powers exercised by the Governor General of Canada, or a registration with the Canadian Heraldic Authority of previously assigned heraldic emblems.

2. PERSONAL INFORMATION OF RELATIVE (in block letters)

Relationship to the applicant	<input type="checkbox"/> Child	<input type="checkbox"/> Step-child	<input type="checkbox"/> Grandchild
	<input type="checkbox"/> Other (please specify):		
Name in full	Family Name: Given Name(s): <i>Indicate name as it appears on government-issued identification</i>		
Date of birth	<i>Please use the name of the month (e.g., 14 July 1990)</i>		
Place of birth	<i>For Canada, include the municipality and province or territory For other countries, include the municipality and state, province or other territorial division</i>		
Father's name at birth	Family Name: Given Name(s):		
Mother's name at birth	Maiden Name: Given Name(s):		
Language (check preferred)	<input type="checkbox"/> English	<input type="checkbox"/> French	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Telephone number (check preferred)	<input type="checkbox"/> Home:	<input type="checkbox"/> Office:	<input type="checkbox"/> Cell:
Email address (check preferred)	<input type="checkbox"/> Home:	<input type="checkbox"/> Office:	

3. BACKGROUND DOCUMENT

3.1 Attach a copy of a:

- Government-issued birth certificate (long-form), indicating the names of your parents, with a certified translation if the original is in a language other than English or French. (*If you use a name that is different from the name shown on your birth certificate, please provide documentation indicating the change.*)

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- I am not currently a defendant in any criminal court proceedings.

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4.2 By signing the form below:

- I affirm that all of the information on this form is correct to the best of my knowledge, and that I shall provide any updated information as it changes.
- I acknowledge that the information included in the grant document and symbolism text will be publicly available as part of the *Public Register of Arms, Flags and Badges of Canada*, and that an announcement of the grant will be published in the *Canada Gazette*.
- I acknowledge that the approval of the request for heraldic emblems is subject to the recommendation of the chief herald of Canada.
- I acknowledge that the chief herald of Canada has the discretion to recommend the revocation of any heraldic emblems granted or registered as a result of this application if I make a false or incomplete statement herein or in the information supplied for this application.

FULL NAME (PRINT) _____

SIGNATURE _____ DATE _____

**You must be at least 18 years old to sign this form.
If not, the applicant should sign on your behalf.**

SEND TO: armorial@gg.ca; Dr. Samy Khalid, Chief Herald of Canada, Canadian Heraldic Authority,
1 Sussex Drive, Ottawa, ON K1A 0A1