

COMPLETE ONLINE AT

www.census.gc.ca

SECURE ACCESS CODE

Ce questionnaire est disponible en français (1-855-850-2019)

Prov.	CD	CU	VR line No.	CLD	Forms 3	Questionnaire No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> of <input type="text"/>

Message from the Chief Statistician of Canada

The census paints a portrait of Canada's population and the places where we live. It provides high-quality information for communities across the country and is used to plan services that support employment, education and health care.

Preparations for the next census have begun, and Statistics Canada is seeking your participation in this important test.

By law, your household must complete a 2019 Census Test questionnaire. Your answers are collected under the authority of the *Statistics Act* and will be kept strictly confidential.

Statistics Canada employs a number of mechanisms to manage the response burden on Canadians by using existing administrative data sources such as immigration records and personal income tax and benefit data. For more information, please visit our website at www.census.gc.ca/about.

The information that you provide will be used by Statistics Canada for statistical purposes.

Be part of this new portrait of Canada and complete your census questionnaire today.

Thank you for your co-operation.



Anil Arora
Chief Statistician of Canada

FOR INFORMATION ONLY

ANY QUESTIONS?

- www.census.gc.ca
- Call us free of charge at 1-855-850-2019
- TTY: 1-833-830-3109

Complete your census questionnaire:

- OR
- **ONLINE:** at www.census.gc.ca by using the secure access code printed above.
 - **ON PAPER:** please print using **CAPITAL LETTERS**.

STEP
A

1. What is your **telephone number**? - -

CONFIDENTIAL WHEN COMPLETED

2. What **email address** could we use to contact your household, if applicable?

3. What is the **address** of this dwelling?

Number
(and suffix, if applicable)
(e.g., 302, 151 B, 16 1/2) Street name, street type (e.g., DR = Drive), direction (e.g., N=North) Apartment/unit

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City, municipality, town, village, Indian reserve Province/territory Postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. What is the **mailing address** of this dwelling, if different from above?

(e.g., Rural Route, PO Box, Lot and Concession or General Delivery)

This information is collected under the authority of the *Statistics Act*, R.S.C. 1985, c. S-19.



STEP

B

1. **Including yourself**, how many persons usually live at this address on May 14, 2019?
Include: all persons who have their main residence at this address, even if they are temporarily away.
See the instructions on page 3 (joint custody, students, landed immigrants, secondary residence, etc.).

← **Number of persons**

2. **Including yourself**, list **all** persons who usually live here on May 14, 2019.
Important: Begin the list with an **adult** followed, if applicable, by that person's **spouse** or **common-law partner** and by their **children**. Continue with **all other persons** who usually live at this address.

	FAMILY NAME(S)	GIVEN NAME(S)
Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>
Person 6	<input type="text"/>	<input type="text"/>
Person 7	<input type="text"/>	<input type="text"/>
Person 8	<input type="text"/>	<input type="text"/>
Person 9	<input type="text"/>	<input type="text"/>
Person 10	<input type="text"/>	<input type="text"/>

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STEP

C

Did you **leave anyone out of step B** because **you were not sure** the person should be listed?
For example, a student, a child in joint custody, a person temporarily away, a person who lives here temporarily, a resident from another country with a work or study permit, a refugee claimant, etc.

- No
- Yes → Specify the name, the relationship and the reason.

Name(s) and relationship

Reason

STEP

D

Copy the names in step B to question 1, at the top of pages 4 to 7.
Keep the same order.
If more than six persons live here, you will need an extra questionnaire; call 1-855-850-2019.



**STEP
B**

1. WHOM TO INCLUDE IN

- All persons who have their **main residence** at this address on May 14, 2019, including newborn babies, room-mates and persons who are temporarily away,
- **Canadian citizens, landed immigrants** (permanent residents), persons asking for **refugee status** (refugee claimants), persons from **another country** with a **work** or **study permit** and family members living here with them,
- Persons staying at this address temporarily on May 14, 2019 who have **no main residence elsewhere**.

2. WHERE TO INCLUDE PERSONS WITH MORE THAN ONE RESIDENCE

- **CHILDREN IN JOINT CUSTODY** should be included in the home of the parent where they live most of the time. Children who spend equal time with each parent should be included in the home of the parent with whom they are staying on May 14, 2019.
- **STUDENTS** who return to live with their parents during the year should be included at their parents' address, even if they live elsewhere while attending school or working at a summer job.
- **SPOUSES OR COMMON-LAW PARTNERS TEMPORARILY AWAY** who stay elsewhere while working or studying should be listed at the main residence of their family, if they return periodically.
- **PERSONS IN AN INSTITUTION** for **less than six months** (for example, in a home for the aged, a hospital or a prison) should be listed at their usual residence.

IF THIS ADDRESS IS:

- a **SECONDARY RESIDENCE** (for example, a cottage) for **ALL PERSONS** who stayed here on May 14, 2019 (all these persons have their main residence elsewhere in Canada), mark this circle. Print your name, your telephone number and **your main residence address** at the bottom of this page. Do not answer other questions.
- a **DWELLING OCCUPIED ONLY BY RESIDENTS OF ANOTHER COUNTRY VISITING CANADA** (for example, on vacation or on a business trip), mark this circle. Print your name, your telephone number and **your country of residence** at the bottom of this page. Do not answer other questions.
- the **HOME OF A GOVERNMENT REPRESENTATIVE OF ANOTHER COUNTRY** (for example, an embassy or a high commission) and family members, mark this circle. Print your name, your telephone number and **the country that you represent** at the bottom of this page. Do not answer other questions.

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Name

Telephone number

 - -

Number

(and suffix, if applicable)

(e.g., 302, 151 B, 16 1/2)

Street name, street type (e.g., DR = Drive), direction (e.g., N=North)

Apartment/unit

City, municipality, town, village, Indian reserve

Province/territory Postal code

Country

Mail this questionnaire in the enclosed envelope today.



1 NAME

In the spaces provided, copy the names in the same order as in **step B**. Then answer the following questions for **each** person.

The following questions refer to each person's situation on **May 14, 2019**, unless otherwise specified.

2 What is this person's **sex**?

3 What are this person's **date of birth and age**?

Example: Day Month Year If exact date is not known, enter best estimate.
Age For children under the age of 1, enter 0.

4 What is this person's **marital status**?

Mark "" one circle only.

5 Is this person living with a **common-law** partner?

Common-law refers to two people who live together as a couple but who are not legally married to each other.

6 What is the **relationship** of this person to **Person 1**?

If none of the responses in the list describes this person's relationship to Person 1, then specify a response under "Other relationship".

PERSON 1

Family name

Given name

- Male
 Female

Day Month Year

Age

- Never legally married
 Legally married (and not separated)
 Separated, but still legally married
 Divorced
 Widowed

- Yes
 No

PERSON 1

PERSON 2

Family name

Given name

- Male
 Female

Day Month Year

Age

- Never legally married
 Legally married (and not separated)
 Separated, but still legally married
 Divorced
 Widowed

- Yes
 No

- Opposite-sex** husband or wife of Person 1
 Opposite-sex common-law partner of Person 1
 Same-sex married spouse of Person 1
 Same-sex common-law partner of Person 1
 Son or daughter of Person 1 only
 Grandchild of Person 1
 Son-in-law or daughter-in-law of Person 1
 Father or mother of Person 1
 Father-in-law or mother-in-law of Person 1
 Brother or sister of Person 1
 Foster child
 Room-mate, lodger or boarder

Other relationship — specify:



PERSON 3	PERSON 4	PERSON 5	PERSON 6
Family name	Family name	Family name	Family name
Given name	Given name	Given name	Given name
FOR INFORMATION ONLY			
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Age <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> Never legally married <input type="radio"/> Legally married (and not separated) <input type="radio"/> Separated, but still legally married <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Never legally married <input type="radio"/> Legally married (and not separated) <input type="radio"/> Separated, but still legally married <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Never legally married <input type="radio"/> Legally married (and not separated) <input type="radio"/> Separated, but still legally married <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Never legally married <input type="radio"/> Legally married (and not separated) <input type="radio"/> Separated, but still legally married <input type="radio"/> Divorced <input type="radio"/> Widowed
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Son or daughter of both Persons 1 and 2 <input type="radio"/> Son or daughter of Person 1 only <input type="radio"/> Son or daughter of Person 2 only <input type="radio"/> Grandchild of Person 1 <input type="radio"/> Son-in-law or daughter-in-law of Person 1 <input type="radio"/> Father or mother of Person 1 <input type="radio"/> Father-in-law or mother-in-law of Person 1 <input type="radio"/> Brother or sister of Person 1 <input type="radio"/> Foster child <input type="radio"/> Room-mate, lodger or boarder Other relationship — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Son or daughter of both Persons 1 and 2 <input type="radio"/> Son or daughter of Person 1 only <input type="radio"/> Son or daughter of Person 2 only <input type="radio"/> Grandchild of Person 1 <input type="radio"/> Son-in-law or daughter-in-law of Person 1 <input type="radio"/> Father or mother of Person 1 <input type="radio"/> Father-in-law or mother-in-law of Person 1 <input type="radio"/> Brother or sister of Person 1 <input type="radio"/> Foster child <input type="radio"/> Room-mate, lodger or boarder Other relationship — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Son or daughter of both Persons 1 and 2 <input type="radio"/> Son or daughter of Person 1 only <input type="radio"/> Son or daughter of Person 2 only <input type="radio"/> Grandchild of Person 1 <input type="radio"/> Son-in-law or daughter-in-law of Person 1 <input type="radio"/> Father or mother of Person 1 <input type="radio"/> Father-in-law or mother-in-law of Person 1 <input type="radio"/> Brother or sister of Person 1 <input type="radio"/> Foster child <input type="radio"/> Room-mate, lodger or boarder Other relationship — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Son or daughter of both Persons 1 and 2 <input type="radio"/> Son or daughter of Person 1 only <input type="radio"/> Son or daughter of Person 2 only <input type="radio"/> Grandchild of Person 1 <input type="radio"/> Son-in-law or daughter-in-law of Person 1 <input type="radio"/> Father or mother of Person 1 <input type="radio"/> Father-in-law or mother-in-law of Person 1 <input type="radio"/> Brother or sister of Person 1 <input type="radio"/> Foster child <input type="radio"/> Room-mate, lodger or boarder Other relationship — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



1 NAME

In the spaces provided, copy the names in the same order as in **step B**. Then answer the following questions for **each** person.

The following questions refer to each person's situation on **May 14, 2019**, unless otherwise specified.

7 Can this person speak English or French well enough to conduct a conversation?

Mark "X" one circle only.

8 a) What language does this person speak **most often** at home?

b) Does this person speak any other languages **on a regular basis** at home?

9 What is the language that this person **first learned** at home **in childhood** and **still understands**?

If this person no longer understands the first language learned, indicate the second language learned.

PERSON 1

Family name

Given name

- English only
- French only
- Both English and French
- Neither English nor French

- English
- French
- Other language – specify:

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- No
- Yes, English
- Yes, French
- Yes, other language – specify:

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- English
- French
- Other language – specify:

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PERSON 2

Family name

Given name

- English only
- French only
- Both English and French
- Neither English nor French

- English
- French
- Other language – specify:

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- No
- Yes, English
- Yes, French
- Yes, other language – specify:

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- English
- French
- Other language – specify:

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PERSON 3	PERSON 4	PERSON 5	PERSON 6
Family name	Family name	Family name	Family name
Given name	Given name	Given name	Given name
<input type="radio"/> English only <input type="radio"/> French only <input type="radio"/> Both English and French <input type="radio"/> Neither English nor French	<input type="radio"/> English only <input type="radio"/> French only <input type="radio"/> Both English and French <input type="radio"/> Neither English nor French	<input type="radio"/> English only <input type="radio"/> French only <input type="radio"/> Both English and French <input type="radio"/> Neither English nor French	<input type="radio"/> English only <input type="radio"/> French only <input type="radio"/> Both English and French <input type="radio"/> Neither English nor French
<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> No <input type="radio"/> Yes, English <input type="radio"/> Yes, French Yes, other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes, English <input type="radio"/> Yes, French Yes, other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes, English <input type="radio"/> Yes, French Yes, other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes, English <input type="radio"/> Yes, French Yes, other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> English <input type="radio"/> French Other language — specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FOR INFORMATION ONLY



**STEP
E**

If more than six persons live here, you will need an extra questionnaire; call 1-855-850-2019.

You have now completed your questionnaire. Please **mail it today**. If you have lost the return envelope, please mail the questionnaire to:

Statistics Canada
PO BOX 99998, STN FED-GOVT
Ottawa, ON K1A 9Z8

Thank you for your co-operation.

COMMENTS

Please use the space provided below if you have concerns, suggestions or comments to make about:

- the steps to follow or the content of this questionnaire (for example, a question that was difficult to understand or to answer)
- the characteristics of the questionnaire (for example, the design, the format, the size of the text, etc.).

FOR INFORMATION ONLY

REASONS WHY WE ASK THE QUESTIONS

Steps A to C and question 1 are asked to determine who should complete this questionnaire.

Questions 2 to 6 provide information about the living arrangements of people in Canada, the family size, the number of children living with one parent or two parents, and the number of people who live alone. This information is used for planning social programs, such as Old Age Security and the Canada Child Benefit. It is also used by municipalities to plan a variety of services such as day care centres, schools, police, fire protection and residences for seniors.

Questions 7 to 9 are used to provide a profile of the linguistic diversity of Canada's population. This information is used to estimate the need for services in English and French, and to better understand the current status and the evolution of Canada's various language groups.

THE LAW PROTECTS WHAT YOU TELL US

The confidentiality of your responses is protected by law. All Statistics Canada employees have taken an oath of secrecy. Your personal information cannot be given to anyone outside Statistics Canada without your consent. This is your right.

