



Children under 18 years of age who lived with you this year

Child 5 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate with CRA Yes No

If yes, is it still valid? Yes No

My child has no income Yes No My child is married Yes No

Child 6 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate with CRA Yes No

If yes, is it still valid? Yes No

My child has no income Yes No My child is married Yes No

Child 7 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate with CRA Yes No

If yes, is it still valid? Yes No

My child has no income Yes No My child is married Yes No

Child 8 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate with CRA Yes No

If yes, is it still valid? Yes No

My child has no income Yes No My child is married Yes No

If you have more than 4 children under 18 who lived with you this year, please attach their information in a separate sheet with their first and last name, relationship, date of birth, income status, marital status, and whether or not they have a disability tax certificate.