



APPLICATION FOR AN EXPUNGEMENT ORDER PURSUANT TO THE EXPUNGEMENT OF HISTORICALLY UNJUST CONVICTIONS ACT

Please print clearly using black or blue ink.

IMPORTANT – IF YOU ARE APPLYING ON YOUR OWN BEHALF, PLEASE COMPLETE SECTIONS A, C, D AND E. IF YOU ARE APPLYING ON BEHALF OF A DECEASED PERSON, PLEASE COMPLETE SECTIONS B, C, D AND E.

SECTION A: PERSONAL INFORMATION – You must answer all questions

1. **What is your full legal name?**

Last Name(s): _____ First Name(s): _____

2. **Have you ever used one or more names other than your legal name above (include nicknames and/or aliases)?**

No Yes → If YES, please write the other names below.

Previous Last Name(s)	Previous First Name(s)

3. **What is your date of birth?**

Y	Y	Y	Y	M	M	D	D

4. **If one or more of your offence(s) or conviction(s) occurred while you were a member of the Canadian Armed Forces, please see Step 3 of the guide and provide us with the information below.**

Current regular or reserve member Former regular member Former reserve member

Military Identification or Service Number: _____

Date of Enrolment:

Y	Y	Y	Y	M	M	D	D

 Date of Discharge:

Y	Y	Y	Y	M	M	D	D

If you are a current member provide the name and address of your commanding officer:

SECTION B: To be completed only if applying on behalf of a deceased person

PERSONAL INFORMATION – You must answer all questions

5. **What is your full legal name?**

Last Name(s): _____ First Name(s): _____

6. **What is your relationship with the deceased person on behalf of whom you are applying?**

- | | |
|---|--|
| <input type="checkbox"/> Spouse or common-law partner | <input type="checkbox"/> Executor or administrator or liquidator of the estate |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other – <i>Please provide details of your relationship to the deceased. The Parole Board of Canada (PBC) will determine if you are authorized to make this application:</i> |
| <input type="checkbox"/> Parent | _____ |
| <input type="checkbox"/> Brother or sister | _____ |
| <input type="checkbox"/> Agent or mandatary, attorney, guardian, trustee, committee, tutor or curator, or any other person who was appointed to act in a similar capacity before his or her death | |

→ Proof of the nature of your relationship with the person must be provided. Please see **Step 6** of the Guide for more information.

→ Proof of death must be provided. Please see **Step 6** of the Guide for more information.



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SECTION B (CONTINUED): To be completed only if applying on behalf of a deceased person

DECEASED PERSON'S INFORMATION – Please complete as much information as possible

7. **What was the person's full legal name?**

Last Name(s): _____ First Name(s): _____

8. **Has this person ever used one or more names other than the legal name shown above (include nicknames and/or aliases)?**

No Yes → If YES, please write the other names below.

Previous Last Name(s)	Previous First Name(s)

9. **What was the person's date of birth?** Y Y Y Y M M D D
| | | | | | | |

10. **If one or more of the offence(s) or conviction(s) occurred while this person was a member of the Canadian Armed Forces, please see Step 3 of the guide and provide us with the information below:**

Former regular member Former reserve member Military Service ID Number (if known): _____

Date of Enrolment (if known): Y Y Y Y M M D D Date of Discharge (if known): Y Y Y Y M M D D
| | | | | | | | | | | | | | | |

SECTION C: CONTACT INFORMATION – You must answer all questions

→ If your contact information changes, you must notify PBC in writing, with your signature.

11. **Do you want information to be sent to you in English or French?**

English French

12. **What is your mailing address?**

 Apartment/House Number and Street Address/P.O. Box City/Town Province Postal Code Country

13. **What is your telephone number?** () - _____

14. **Can we leave a voicemail message?**

No Yes

15. **Can PBC contact you by email?**

No Yes → If YES, provide your email address: _____

16. **Can we contact someone else about this application?**

No Yes → If YES, provide their name and telephone number:

Name: _____ Telephone Number: () - _____

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SECTION D: CONVICTION(S) INFORMATION

17. Please provide a list of ALL conviction(s) for offences listed in the schedule of the *Expungement of Historically Unjust Convictions Act* for which you are seeking an expungement order (use separate sheets if required) (see Step 1 of the guide for a complete list of the eligible offences). PBC will not consider expunging convictions for offences that are not eligible.

Offence	Arresting Police	Court (Street, City, Province)	Sentence	Date (YYYY-MM-DD)

Please ensure that all eligible convictions are included in this application. PBC will only consider ordering the expungement of convictions specifically requested by the applicant.

18. Has a pardon or record suspension been awarded to the person for whom this expungement application is being submitted?

No Unknown Yes → If YES, please provide the following information:

Date:

Y	Y	Y	Y	M	M

 Reference Number (if known): _____

19. **OPTIONAL:** Provide the FingerPrint Serial Number/criminal record number (if known) – FPS: _____

SECTION E: APPLICANT AUTHORIZATION

The information you provide in this application is collected under the authority of the *Expungement of Historically Unjust Convictions Act* for the purpose of processing your request for an expungement order. You have the right to the access to, protection of, and correction of, your personal information under the *Privacy Act*. Personal information collected during the processing of your application will be stored in the Personal Information Bank Number PBC PPU 010 and can be accessed and assessed for accuracy by sending a written request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Avenue West, Ottawa ON K1A 0R1. Exempt personal information obtained from external partners in the course of processing this application cannot be provided upon request.

You must sign and date this form to confirm the following: I understand that the information may be used to make an expungement decision and to conduct inquiries. I grant permission for the disclosure of relevant personal information provided in this application to the contact person identified in question 16, if any, and to justice system participants as defined in the *Criminal Code*, as may be deemed necessary for the purpose of the inquiry related to this application and the implementation of the decision.

I understand that PBC reserves the right to contact me to obtain additional information to assist in the processing of my application. I certify that the statements made by me are true and complete to the best of my knowledge and I hereby undertake to notify PBC of any changes as they relate to my request.

Signature: _____ Date:

Y	Y	Y	Y	M	M	D	D

TO BE PRINTED, SIGNED AND RETURNED TO:

Parole Board of Canada
Clemency and Record Suspension Division
410 Laurier Avenue West
Ottawa, ON K1A 0R1