**TURKISH CONSULATE GENERAL**

10 LOWER SPADINA AVENUE, SUITE 300

TORONTO, ON, M5V 2Z2, CANADA

Tel: 647- 777 4106

Fax: 647- 258 2725

e-mail: consulate.toronto@mfa.gov.tr

**CRIMINAL RECORD APPLICATION FORM**

1. Given Name (s) :
2. Surname :
3. Date of Birth (day, month, year) :
4. Place of Birth :
5. Father’s Name :
6. Mother’s Name :
7. Arrival date to Turkey :
8. Departure date from Turkey :
9. Address in Turkey (City) :
10. Date of application :
11. Address :
12. Contact number :
13. Reason for request :
14. Status in Canada :
15. Signature :

**Application Requirements By Mail:**

- Your passport

- The signature on this form is to be approved by a local Notary Public

- A pre-paid return envelope