



### CONSENT FOR REGISTRATION OF A MINOR IN THE MINISTRY'S CARE

\_\_\_\_\_ Date of birth \_\_\_\_\_  
 Mother's full name (YYYY/MM/DD)

Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_  
 Father's full name (YYYY/MM/DD)

Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_

Child: \_\_\_\_\_  
 Surname Given Name(s)

Born on: \_\_\_\_\_ Gender: \_\_\_\_\_  
 (YYYY/MM/DD) (Male or Female)

Please select ONE box per question:

1. To be registered with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
2. Is the child adopted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Child resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
4. Mother resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
5. Father resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
6. The child is in custody of:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both Parents
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Ministry of Children and Family Development	

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

★ Please use ink pen and print clearly ★

★★ Court order must accompany this form with letter requesting registration on MCF Letterhead ★★  
★★★ ORIGINAL LONG FORM BIRTH CERTIFICATE/DECLARATION OF PARTICULARS ★★★