



PARENTAL CONSENT FOR REGISTRATION OF A MINOR UNDER THE INDIAN ACT

We, \_\_\_\_\_ Date of Birth \_\_\_\_\_
Mother's Full Name (YYYY/MM/DD)
Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_
IF applicable IF applicable
And \_\_\_\_\_ Date of Birth \_\_\_\_\_
Father's Full Name (YYYY/MM/DD)
Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_
IF applicable IF applicable
Wish our child \_\_\_\_\_ Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_
Born on: \_\_\_\_\_ Gender: [ ] Male [ ] Female
(YYYY/MM/DD)

Please select ONE box per question:

1. To be registered with: [ ] Mother [ ] Father
2. Is the child ADOPTED? [ ] Yes [ ] No
3. Child resides: [ ] On own Reserve [ ] On other reserve [ ] Off reserve
4. Mother resides: [ ] On own Reserve [ ] On other reserve [ ] Off reserve
5. Father resides: [ ] On own Reserve [ ] On other reserve [ ] Off reserve
6. The child is in custody of: [ ] Mother [ ] Father [ ] Both Parents
[ ] Legal Guardian [ ] Ministry of Children and Family Development

Please note: Should the child be in custody of a guardian or if one parent has sole custody, please attach a copy of the court order.

x \_\_\_\_\_
Mother's signature
\_\_\_\_\_
Address
\_\_\_\_\_
Address
( ) \_\_\_\_\_
Telephone
\_\_\_\_\_
Date

x \_\_\_\_\_
Father's signature
\_\_\_\_\_
Address
\_\_\_\_\_
Address
( ) \_\_\_\_\_
Telephone
\_\_\_\_\_
Date

★ Please use ink pen and print clearly ★
★★ Any errors with amendments must be initialled by all who signed ★★
★★★ ORIGINAL BIRTH CERTIFICATE WITH PARENTAL INFORMATION MUST BE ATTACHED ★★★