STATEMENT OF CONSENT

FOR TRANSFER OF AN ADULT

(18 years or older)

Name:	
Date of Request:	
Date of Birth:	·
Current Registry No.:	
STATEMENT:	
This is to confirm that I, (name)	am accepted as a
member of the(Admitting Band/First Nation)	
I hereby consent to the removal of my name from the	
Band List/Registry Group, and the addition of my name to the _	(Admitting Band/First Nation)
Band List/Registry Group.	
REQUESTER'S SIGNATURE:	£
Signature:	
Dated:	Resides:
Mailing Address:	On (own) reserve
	On crown land Off Reserve
Phone Number:	