

## CONSENT FOR REGISTRATION OF AN ADULT UNDER THE INDIAN ACT **BORN AFTER APRIL 17, 1985**

I,, Surname		Given name(s)	
		Gender:(Male or Female)	
My mother,  Mother's full name  Band Name:		Date of Birth:	(YYYY/MM/DD)
		Registry #	
My father,Father's full name		Date of Birth:	(YYYY/MM/DD)
Band Name:		Registry #	
1. Please register me with my:	Please select ONE b  Mother's Band	☐ Father's Band	
<ol> <li>Please register me with my:</li> <li>I can confirm that:</li> </ol>	<ul><li>☐ Mother's Band</li><li>☐ I am ADOPTED</li></ul>	<ul><li>☐ Father's Band</li><li>☐ I am NOT Adopted</li></ul>	[
3. I reside:	On own reserve	☐ On other reserve	☐ Off reserve
Applicant's	s Signature		
Mailing Address			
Mailing Address			
( ) Telephone number			
Date			

★ Please use INK pen and print clearly ★ \* Any errors with amendments MUST be initialled \* \*  $\star\star$  <u>ORIGINAL</u> BIRTH CERTIFICATE WITH PARENTAL INFORMATION <u>MUST</u> BE ATTACHED  $\star\star$