

APPLICATION FOR REGISTRATION OF A MINOR CHILD UNDER THE *INDIAN ACT*

PROTECTED WHEN COMPLETED

The information you provide on this document is collected under the authority of the *Indian Act* for the purpose of registration under that Act and will be stored in personal information bank number INA/P-PU-110. Personal information that you provide is protected under the provisions of the *Privacy Act*

Mother/Guardian Name: _____

(Registration Number) _____ Date of Birth: Year: _____ Month: _____ Day: _____

Not Status U.S. Indian

Father/Guardian Name: _____

(Registration Number) _____ Date of Birth: Year: _____ Month: _____ Day: _____

Not Status U.S. Indian

Childs Information, Name: _____

Date of Birth: Year: _____ Month: _____ Day: _____

To be affiliated with: (please only select one)

Father's Band Mother's Band

We make this application as parents or guardians on behalf of the applicant who is under the age of 18 years or is mentally incompetent within the meaning of the *Indian Act*. We request that the applicant be registered in the Indian Register and, if applicable that his/her name be entered in a Band List, as provided under the *Indian Act*.

Mother/Guardian Signature

Father/Guardian Signature

Witness

Witness

Date: _____

Date: _____

Note: Both parents must sign the consent form if listed on the long form birth certificate, even if only one parent is a registered Indian. If one parent has sole/full custody, only that parent's signature is required (custody papers must be provided).

Child resides: (Please only select one)

On Reserve:

Off Reserve:

When your child is registered a notification send will be mailed, please provide a mailing address:

Address: _____

Telephone: _____

**MUST BE COMPLETED IN FULL
ATTACH THE CHILD'S ORIGINAL STATEMENT OF LIVE BIRTH
(NOTE: THE STATEMENT WILL BE RETURNED TO YOU AFTER YOUR CHILD IS REGISTERED)**

**Mail to: Six Nations Lands Membership
P.O.Box 62 - 67 Bicentennial Trail
OHSWEKEN, Ontario
N0A 1M0**

Phone: 519-445-4613

Fax: 519-445-2778