

**SIX NATIONS OF THE GRAND RIVER**  
**Internal Band Transfers**  
**APPLICATION**

**Rules and Regulations:**

1. The relevant Council Committee at their regular monthly meeting will consider each applicant on an individual basis.
2. The relevant Council Committee will recommend approval of their request to the Six Nations Council and sign a Band Council Resolution requesting the Indian Registrar amend their records to show the band member under their new band.
3. Adult internal band transfers will be **ONLY CONSIDERED ONCE** per band member.
4. Minors who are transfer to another band at the request of their parents will have only one additional opportunity to transfer following their 18<sup>th</sup> birthday;
5. Along with a signed request to transfer, individuals must include a letter giving their reason for requesting the transfer.
6. Women who have acquired status by marriage to an Indian prior to April 17, 1985 may not be considered for an internal band transfer. Unless they can provide documentation that they are entitled in to membership in their own right under the Indian Act,
7. For the internal transfer of minor children, the following is required:
  - The signature of both parents.
  - Sole custody paper signed by a Judge if one parent's signature is missing.
8. For internal transfer of a dependant person:
  - Signature of legal guardian.
  - Legal documentation that band member is incapable of signing their own documentation.
9. Family tree must be completed and verified by the Membership Researcher.

**REQUEST TO TRANSFER**

Within the Six Nations of the Grand River Membership

Name: \_\_\_\_\_  
          First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_ Band & Number: \_\_\_\_\_

Hereby request to transfer:  
    \_\_\_\_ My membership  
  
    \_\_\_\_ My minor child, named above

To Six Nations of the Grand River under (please check one):

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Tuscarora            | <input type="checkbox"/> Oneida             | <input type="checkbox"/> Delaware     |  |
| <input type="checkbox"/> Bay of Quinte Mohawk | <input type="checkbox"/> Lower Mohawk       | <input type="checkbox"/> Upper Mohawk | <input type="checkbox"/> Walker Mohawk |
| <input type="checkbox"/> Onondaga Clear Sky   | <input type="checkbox"/> Bearfoot Onondaga  |                                       |  |
| <input type="checkbox"/> Konadaha Seneca      | <input type="checkbox"/> Niharondasa Seneca |                                       |  |
| <input type="checkbox"/> Upper Cayuga         | <input type="checkbox"/> Lower Cayuga       |                                       |  |

Signature of Applicant/Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Blue Flag Number: \_\_\_\_\_

Phone Number: Area Code \_\_\_\_\_ Number \_\_\_\_\_

List reasons for transferring your membership:

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