



PARENTAL CONSENT FOR REGISTRATION/STATEMENT OF BAND AFFILIATION

We,

Print Mother's Full Name

Print Father's Full Name

D.O.B.

D.O.B.

Band Name

Band Name

Registry No.

Registry No.

Wish for our child:

Surname

Given Name

Middle Name(s)

D.O.B:

Year/Month/Day

To be registered with:
(Check one only)

Mother

Father

Child resides

On Reserve

Off Reserve

Is the child adopted?

Yes

No

Mother's Signature

Father's Signature

Mailing Address Reside On Off Reserve

Mailing Address Reside On Off Reserve

City, Province

Postal Code

City, Province

Postal Code

()

Phone Number

()

Phone Number

*Witness

*Witness

Date (Year/Month/Day)

Date (Year/Month/Day)

*This form may be witnessed by anyone over the age of 19.

Documentation must match the Indian Registration System; otherwise verification is needed.