



## STATEMENT OF CONSENT FOR TRANSFER OF AN ADULT

(18 Years or Older)

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

D.O.B. Year/Month/Day: \_\_\_\_\_

Current Registry No.: \_\_\_\_\_

**STATEMENT:**

This is to confirm that I, \_\_\_\_\_ am accepted  
Name  
as a member of the \_\_\_\_\_ Band/First Nation, I hereby  
Admitting Band/First Nation  
consent to the removal of his/her name from the \_\_\_\_\_  
Current Band/First Nation  
Band List/Registry Group.  
Current Band/First Nation

**SIGNATURE OF REQUESTER:**

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_  
Year                      Month                      Day

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On Reserve

Crown Land

Off Reserve