



APPLICATION FOR REGISTRATION OF AN ADULT UNDER THE *INDIAN ACT*

Please communicate with me in: English French

A

I request that I _____ if eligible, be registered in the Indian Register and, if applicable, that my name be entered in a Band List, as provided under the *Indian Act*.

Signature _____ Date (YYYYMMDD) _____

If more space is required, enter additional information on a separate sheet of paper and attach it to this form.

B

Family Name of Applicant _____ Given Name(s) _____

Mailing Address _____

Mailing Address _____ Postal Code _____ Telephone No. (Daytime) _____

Date of Birth _____ Band No. _____ Band Name _____

C

Family Name of Father _____ Given Name(s) _____

Date of Birth _____ Band No. _____ Band Name _____

Maiden Name of Mother of Child _____ Given Name(s) _____

Date of Birth _____ Band No. _____ Band Name _____

Family Name of Paternal Grandfather _____ Given Name(s) _____

Family Name of Paternal Grandmother _____ Given Name(s) _____

Family Name of Maternal Grandfather _____ Given Name(s) _____

Family Name of Maternal Grandmother _____ Given Name(s) _____

D Grounds for Registration

Note: If you have a child under the age of 18, and wish to have this child registered, please use the form: APPLICATION FOR REGISTRATION OF A CHILD UNDER THE *INDIAN ACT* 83-044AE.

Mail to: The Registrar
 Indian Registration and Band Lists
 Registration, Revenues and Band Governance Branch
 Ottawa, Ontario K1A 0H4