

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

WE:

Mother: _____

Registry Number No: _____

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

Father: _____

Registry No: _____

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

WISH OUR CHILD: _____

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

to be registered with (check only one): Father: _____ Mother: _____

Child resides (check one only): On reserve _____ Off reserve _____

Mother signature

Date: _____

Adress: _____

Telephone: _____

Witness Signature

Father's signature

Date: _____

Adress: _____

Telephone: _____

Witness Signature