



PARENTAL CONSENT FOR REGISTRATION OF A MINOR UNDER THE INDIAN ACT

We, Mother's Full Name, Date of Birth, Band Name, Registry No., And, Father's Full Name, Date of Birth, Band Name, Registry No., Wish our child, Surname, Given name(s), Born on: (YYYY/MM/DD), Gender: Male Female

Please select ONE box per question:

1. To be registered with: Mother Father
2. Is the child ADOPTED? Yes No
3. Child resides: On own Reserve, On other reserve, Off reserve
4. Mother resides: On own Reserve, On other reserve, Off reserve
5. Father resides: On own Reserve, On other reserve, Off reserve
6. The child is in custody of: Mother, Father, Both Parents, Legal Guardian, Ministry of Children and Family Development

Please note: Should the child be in custody of a guardian or if one parent has sole custody, please attach a copy of the court order.

Mother's signature, Mailing Address: Number/Street/Apartment/P.O. Box, Mailing Address: City/Town | Province/Territory/State | Postal/Zip Code, Telephone, Date

Father's signature, Mailing Address: Number/Street/Apartment/P.O. Box, Mailing Address: City/Town | Province/Territory/State | Postal/Zip Code, Telephone, Date

Please use ink pen and print clearly

Any errors with amendments must be initialed by all who signed

ORIGINAL BIRTH CERTIFICATE WITH PARENTAL INFORMATION MUST BE ATTACHED