



PARENTAL CONSENT FOR REGISTRATION OF A MINOR UNDER THE *INDIAN ACT*

We, _____ Date of birth _____
Mother's full name (YYYY/MM/DD)
 Band Name _____ Registry No. _____

and _____ Date of birth _____
Father's full name (YYYY/MM/DD)
 Band Name _____ Registry No. _____

wish our child: _____
Surname Given Name(s)

born on: _____ Gender: _____
(YYYY/MM/DD) (Male or Female)

Please select ONE box per question:

| | | | |
|--------------------------------|---|--|---------------------------------------|
| 1. To be registered with: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | |
| 2. Is the child adopted: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Child resides: | <input type="checkbox"/> On own reserve | <input type="checkbox"/> On other reserve | <input type="checkbox"/> Off reserve |
| 4. Mother resides: | <input type="checkbox"/> On own reserve | <input type="checkbox"/> On other reserve | <input type="checkbox"/> Off reserve |
| 5. Father resides: | <input type="checkbox"/> On own reserve | <input type="checkbox"/> On other reserve | <input type="checkbox"/> Off reserve |
| 6. The child is in custody of: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Both Parents |
| | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> 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.

X _____
Mother's signature

Address

Address

() _____
Telephone

Date

X _____
Father's signature

Address

Address

() _____
Telephone

Date

★Please use ink pen and print clearly★
 ★★Any errors with amendments must be initialled by all who signed★★
 ★★★ A COPY OF A LONG FORM BIRTH CERTIFICATE MUST BE ATTACHED ★★★