



**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: \_\_\_\_\_

born on: \_\_\_\_\_ Gender: \_\_\_\_\_  
Surname Given Name(s) (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.**

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please use ink pen and print clearly**  
**Any errors with amendments must be initialled by all who signed**  
**MUST ATTACH ORIGINAL BIRTH CERTIFICATE THAT STATES PARENTS NAMES**