PARENTAL CONSENT FOR REGISTRATION OF A MINOR UNDER THE INDIAN ACT

Mother's full name		Date of birth Registry No.	(YYYY/MM/DD)
and Father's full name Band Name		Date of birth Registry No.	(YYYY/MM/DD)
wish our child: Surname born on:	Given	Name(s) Gender:	
(YYYY/MM/DD)	alast ONE boy nor	cuestion	(Male or Female)
To be registered with:	elect ONE box per ☐ Mother	question:	ather
2. Is the child adopted:	□ Yes	□N	
3. Child resides: □ On own res	erve 🗆	On other reserve	□ Off reserve
4. Mother resides: □ On own rese	erve 🗆	On other reserve	□ Off reserve
5. Father resides: □ On own res	erve \square	On other reserve	□ Off reserve
6. The child is in custody of: □ Mo	ther	Father	□ Both Parents
□ Leg	gal Guardian 🗆	Ministry of Childre	en and Family Development
Please note: Should the child be in please att	custody of a guard ach a copy of the c	court order.	arent has sole custody
Address	# E E	Address	
Telephone		Teleph	none
Date	a use ink non and asin	Date	

Any errors with amendments must be initialled by all who signed MUST ATTACH ORIGINAL BIRTH CERTIFICATE THAT STATES PARENTS NAMES