



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: _____ Surname Given Name(s) 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.

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