



NISGA'A CITIZENSHIP CARD APPLICATION

1. New Application 2. Renewal Application 3. Reprint

Full Legal Name: _____

Date of Birth: ____/____/____
 YYYY / MMM / DD

Gender: Male Female

Mailing Address: P.O. Box # _____ City/Town: _____

Province: _____ Postal Code: _____

Permanent Street Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone Number: (____) _____

Nisga'a Village: _____ Tribe: _____

Indian Registration Number: _____ **Citizenship number:** _____

(Please Read Before Signing)

I give permission to Nisga'a Lisims Government to use, disclose and share my personal information related to this Nisga'a Citizenship Card Application for the purposes of administering the Treaty, Nisga'a law and the provision of Programs and services. I understand that my personal information for my Nisga'a Citizenship Card Application, which is subject to my consent, is stored securely and confidentially and will only be used and disclosed to the extent reasonable necessary. I understand why I have been asked for permission to use, disclose and share my personal information, and I am aware of the risks or benefits of consenting, or refusing to consent to the use, disclosure and sharing of my personal information. I understand that I may revoke this consent at any time.

\$20.00 REPRINT Administration Fee paid By: ___ Cash ___ Cheque ___ Exempt(60+)

DATE: _____

Signature: _____

Witness Signature

Name of Applicant