



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. _____
IF applicable IF applicable
And _____ Date of Birth _____
Father's Full Name (YYYY/MM/DD)
Band Name _____ Registry No. _____
IF applicable IF applicable
Wish our child _____ Surname _____ Given name(s) _____
Born on: _____ Gender: [] Male [] Female
(YYYY/MM/DD)

Please select ONE box per question:

1. To be registered with: [] Mother [] Father
2. Is the child ADOPTED? [] Yes [] No
3. Child resides: [] On own Reserve [] On other reserve [] Off reserve
4. Mother resides: [] On own Reserve [] On other reserve [] Off reserve
5. Father resides: [] On own Reserve [] On other reserve [] Off reserve
6. The child is in custody of: [] Mother [] Father [] Both Parents
[] Legal Guardian [] 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
Mailing Address: Number/Street/Apartment/P.O. Box
Mailing Address: City/Town | Province/Territory/State | Postal/Zip Code
() _____
Telephone
Date

x _____
Father's signature
Mailing Address: Number/Street/Apartment/P.O. Box
Mailing Address: City/Town | Province/Territory/State | Postal/Zip Code
() _____
Telephone
Date

★Please use ink pen and print clearly★

★★Any errors with amendments must be initialled by all who signed★★

★★★ORIGINAL BIRTH CERTIFICATE WITH PARENTAL INFORMATION MUST BE ATTACHED★★★