# APPLICATION FOR REGISTRATION ON THE INDIAN REGISTER AND FOR THE SECURE CERTIFICATE OF INDIAN STATUS (SCIS)

(FOR CHILDREN 15 YEARS OF AGE OR YOUNGER OR DEPENDENT ADULTS)

#### **GENERAL INFORMATION**

- ▶ Please review the instructions (83-1711E) to complete the application.
- ► To complete the application, you may need to include a <u>Guarantor Declaration</u> (form 83-169E) or a <u>Statutory Declaration in Lieu of Guarantor</u> (form 83-170E). A Declaration is required if the application is sent by mail.
- ▶ To obtain forms or the instructions, visit canada.ca/indian-status, or call 1-800-567-9604.
- ▶ If original documents are included with the application, they will be returned to you.
- ▶ If you need to include a Guarantor Declaration form with the application, you must submit the form with the **signature of the guarantor**. A guarantor is a person who can confirm the identity of the applying parent/legal guardian.

#### **HOW TO SUBMIT THIS APPLICATION**

#### IN PERSON:

- · At the regional office nearest you. As an appointment may be required, it is recommended that you call ahead of time.
- For the list of regional offices, visit canada.ca/indian-status, or call 1-800-567-9604.

#### BY MAIL:

- If you send the application by mail, you must include a Guarantor Declaration form with the signature of the guarantor.
- The guarantor must sign and date the photocopies of the front and back of the supporting identity documents of the applying parent/legal guardian.

Note: You must still include the original proof of birth document for the child/dependent adult.

• If you are applying for registration AND for the Secure Certificate of Indian Status, the guarantor must also sign and date the back of one (1) photo and write the statement "this is a true likeness of (name of the child or dependent adult)".

Send the application to:

National Registration Processing Unit 10 Wellington Street Gatineau, Quebec K1A 0H4

For applications made under Bill S-3: An Act to amend the Indian Act in response to the Superior Court of Quebec decision in Descheneaux c. Canada (Procureur général), or under Bill C-3: Gender Equity in Indian Registration Act, send to:

Application Processing Unit Box 6700 Winnipeg, Manitoba R3C 5R5



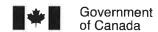
	ragezore
СН	ECKLIST
Sig	natures and Legal Documents
	Section 9 of the application is dated and signed by both parents, or by the custodial parent or legal guardian(s).
	If applicable, include photocopies of the most recent <b>legal documents</b> (such as a divorce judgment, separation agreement, custody or guardianship order) proving custody or guardianship to the applying parent/legal guardian.
Do	cuments Required for the Child/Dependent Adult
	Original birth certificate listing the names of the parents. A photocopy is not acceptable.
N	lote: If the child or dependent adult was adopted, you must provide an original birth certificate listing the names of the adoptive parent(s).
If th	e child/dependent adult is to be registered and/or issued a Secure Certificate of Indian Status under a name other than the name listed he birth certificate, you must provide a <b>name-linking document</b> , such as a legal name change certificate.
► II	applicable, include with the application:
$\bigcirc$	An original name-linking document, OR
0	A photocopy of the name-linking document and a photocopy of a government-issued identity document that has the name of the child/dependent adult as it appears on the application (for example, a health card).
	Two (2) unaltered, identical, Canadian passport-style <b>photos</b> of the child/dependent adult. The name and address of the studio or person who took the photo, and the date the photo was taken must be indicated on the back of one (1) photo. Photos are required only if a Secure Certificate of Indian Status is requested.
Ado	ption
► If	the child/dependent adult was adopted, include with the application:
	A photocopy of the adoption order or photocopy of the letter from the Social Services authorities confirming the details of the adoption: names of the adoptive parent(s), full name of adoptee as it appears on the adoption order, and date and place of adoption.
	A signed and dated consent form giving the Indian Registrar permission to contact the Social Services authorities for information on his/her birth ancestry. To obtain the consent form, call 1-800-567-9604.
	A photocopy of the pre-adoption birth certificate (optional, if available).
Do	cuments Required for the Applying Parent/Legal Guardian
Sup	porting identity documents must contain the following four (4) elements: full name, date of birth, photo and signature.
► Ir	nclude with the application:
$\circ$	One or more identity documents that, combined together, contain all the elements listed above, OR
$\circ$	One (1) identity document that contains some but not all the elements listed above and a Guarantor Declaration form.
► Y	ou may include:
0	Original identity documents (recommended if submitting the application in person), OR
0	Photocopies of the identity documents and a Guarantor Declaration form. The guarantor must sign and date the photocopies of the front and back of the identity documents (recommended if sending the application by mail)

If submitting the application by mail, include a Guarantor Declaration form (see instructions on previous page).

guardianship, etc.) or the birth certificate of the child/dependent adult.

Include photocopies of **name-linking documents**, such as a marriage certificate and a legal name change certificate, if your name as it appears on the application is different than the name listed on your identity documents, legal documents (custody order, order of





# APPLICATION FOR REGISTRATION ON THE INDIAN REGISTER AND FOR THE SECURE CERTIFICATE OF INDIAN STATUS (SCIS)

(FOR CHILDREN 15 YEARS OF AGE OR YOUNGER OR DEPENDENT ADULTS)

#### Privacy Act Statement

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#### NOTICE TO APPLICANTS

If you identify with an Indigenous group that is not recognized under the *Indian Act* (non-status), you may wish to consult with that group before proceeding with an application for registration for yourself, a minor child or dependent adult. Registration under the *Indian Act* in Canada may affect your entitlement to join or be recognized by some non-status groups and your entitlement to the programs and services they may offer. The Indian Registrar does not have the authority to remove a name from the Indian Register if the person has been correctly registered, even when the person requests to deregister.

The Secure Certificate of Indian Status (SCIS) remains at all times the property of the Government of Canada and must only be used by the person in whose name it is issued. Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, selling or permitting the use of your SCIS by any other person or agency may lead to criminal prosecution, and is cause for revocation of your SCIS and refusal to issue a SCIS in the future. Any false or misleading statement, including the concealment of any material fact, may lead to a review of your entitlement to registration and revocation of your registered Indian status.

► Complete this form online, or write in block letters using black or dark blue ink.								
SECTION 1: Child/Dependent	Adult Infor	rmation						
Family Name				Given Name(s)				
Family Name at Birth (if different from		Alias / Cultural Name (if applicable)						
Sex (as per Birth Certificate) O M	ale (	Female	Date of Birth (YYYYMMDD)					
Permanent Address		Address is	on Reser	ve				
Number, Street, Apartment, P.O. Bo	ЭX							
City/Town	Province/T	Ferritory (Canada)		State (USA)	▼	Postal/ZIP Code		
▶ If applying for a child: Are there	separation a	greements, cour		r legal proceeding		the custody of the	child?	
		photocopies of al				•		
► If applying for a dependent adult,	provide a pl	hotocopy of the (	Order of G	uardianship.				
SECTION 2: Document Requir	ements for	r Child/Depen	dent Adı	ılt				
A. Proof of Birth Document		Original do	cument in	cluded				
Registration Number on Birth Document Province/Ten			ory of Issu	_	State (USA)	of Issuance	•	
B. Name Linking Document(s) (Probirth document)	ovide if the na	me of the child/dep	pendent ad	ult on this applicatio	n is different than	n the name listed on t	he proof of	
Name (exactly as it appears on the document)			Document Type					

SECTION 3: First Nation/Band Choice (If the parents are affiliated with different First Nations/Bands, indicate with which First Nation/Band you would like the child/dependent adult to be affiliated) First Nation/Band Name First Nation/Band Number (3 digits) (if known) SECTION 4: Parent(s)/Legal Guardian(s) Information Note: Correspondence will be addressed to the applying parent/legal guardian unless instructed otherwise. Applying Parent/Legal Guardian Other Parent/Legal Guardian Family Name Family Name Given Name(s) Given Name(s) Mailing Address (if different than the permanent address of the Permanent Address (if different than the permanent address of the child/dependent adult) child/dependent adult) Number, Street, Apartment, P.O. Box Number, Street, Apartment, P.O. Box City/Town Province/Territory (Canada) City/Town Province/Territory (Canada)  $\blacksquare$ \* State (USA) Postal/ZIP Code Postal/ZIP Code State (USA) Telephone Number (Daytime) Telephone Number (Other) Telephone Number (Daytime) Telephone Number (Other) **Email Address Email Address** Is your permanent address the same as the child's/dependent adult's address? ( ) Yes O No Relationship to Child/Dependent Adult: Relationship to Child/Dependent Adult: Parent Custodial Parent Legal Guardian Custodial Parent Legal Guardian Parent Other (Specify): ( ) Other (Specify): SECTION 5: Document Requirements for Applying Parent/Legal Guardian A. Supporting Identity Document(s) Document Type Document Number Expiry Date (YYYYMMDD) (if applicable) Name (exactly as it appears on the document) Document Type Document Number Expiry Date (YYYYMMDD) (if applicable) Name (exactly as it appears on the document) Document Type Document Number Expiry Date (YYYYMMDD) (if applicable) Name (exactly as it appears on the document) B. Name Linking Document(s) (Provide if the name you are using on this application is different than the name listed on your identity documents, legal documents (custody order, order of guardianship, etc.) or the proof of birth document of the child/dependent adult) Name (exactly as it appears on the document) Document Type



SECTION 6: Ado	ption Inf	forma	ation (Complete t	nis section ONL	Y if the	e child/de	pende	ent adult was a	dopted	)	
I believe the child/de	ependent	adult	has entitlement to	Indian status th	rough	(select all t	that ap	oply)			
The adoptive mo	ther		☐ The adoptive fa	ther		he birth r	mothe	er	Th	e birth father	
Adoptive Mother											
Family Name				Given Name(s	s)				Da	ate of Birth (YYYYM)	MDD)
Adoptive Father											
Family Name				Given Name(s	s)				Da	ate of Birth (YYYYMI	MDD)
Birth Mother (if kno	own)										
Family Name					Give	n Name(s	5)				<del>-</del>
Birth Father (if kno	wn)										
Family Name					Give	n Name(s	s)				- And
► If you believe the section below with			nt adult is entitled parents' informati		throug	h his/her	adop	tive parent(s)	, comp	lete the Family Inf	ormation
► If you believe the section below with			nt adult is entitled : ents' information (		throug	h his/her	birth	parent(s), con	nplete	the Family Informa	ation
SECTION 7: Fam	ily Infor	matic	on								
A. Father											
Family Name			Family Name at I	Birth (if different) Given Name(s)							
Date of Birth (YYYYMMDD)	First Na	ition/B	Band Name	First Nation/Band (3 digits) Number or Registration (10 digits) Number							
Was the father adop	ted?		Yes No	Unknov	vn	Parer	nt not	stated on the b	birth do	ocument	
B. Mother											
Family Name			Family Name at I	Birth (if different)			Give	en Name(s)			
Date of Birth (YYYYMMDD)	First Na	tion/E	Band Name					t Nation/Band ( gistration (10 dig	, –	•	
Was the mother ado	pted?		Yes No	Unknov	vn		1				
C. Maternal Grands				ne first person reg	jistered.	For exam	ple, if	the mother is reg	gistered	, information on grar	ndparents
Family Name	e	Fa	imily Name at Bir (if different)	th Gi	ven Na	ame(s)		Date of Birth (YYYYMMDD)		st Nation/Band e or Registration Number	Adopted (Yes/No)
Grandfather							1	f			
Grandmother											
											_
Great-Grandfather (	1)						Î	Ĩ			<b>-</b>
Great-Grandmother	(1)						Ĭ	Ĭ			
Great-Grandfather (2	2)			ii.							
Great-Grandmother	(2)								-		
Steat-Grandmourer	(2)			1							-

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D. Paternal Grandparents (Provi		o the first person reg	istered, For ex	cample, if the father is regi	stered, information	n on grandpare	ents
Family Name	Family Name at (if different)		ven Name(s	Date of Birth (YYYYMMDD)	First Nation Name or Regi Number	stration Ad	dopted (es/No)
Grandfather		1		17	r	- 1	
Grandmother							~
Grandinother		1			e e	T.	-
Great-Grandfather (1)				1		6	
Crook Crowderathor (4)							*
Great-Grandmother (1)						f	T
Great-Grandfather (2)		-					
							~
Great-Grandmother (2)	£.	1		ſ	ri	6	
							_
Additional Family Information ( (Add separate pages if additional spa	<b>optional):</b> List th ce is required)	ie names of other i	registered re	latives such as brothers	s, sisters, aunts,	uncles, cous	sins.
SECTION 8: Photo to Appea	r on the Secur	e Certificate of	Indian Stat	tus (SCIS)		_	
► Select what applies to you.							
Two (2) unaltered, identical, C					3 not requested		
SECTION 9: Declaration and	Signature of	Parent(s)/Legal	Guardian(s	s)			
► Failing to sign and date the		-	-	• •			
I solemnly declare that I am the p	arent/legal guard	lian of the child/de	pendent adul	It. All statements made	in this application	on are true, a	all -:
documents provided to support the Status) are a true likeness of the	child/dependent	adult. I have read a	e enclosed p and understa	and the Notice to Applic	ng a Secure Cei ants and the <i>Pri</i>	vacy Act	aian
Statement.	·					,	
If the child/dependent adult is elig	ible, I request tha			nild/dependent adult)	be re	gistered in	
the Indian Register and, if applica	ble, that his/her r	•			ded for under th	e Indian Act	
I further request that a Secure Ce						o maiam no	*
Signature of Applying Parent/Le	egal Guardian	Date (YYYYMMDD)	Signature	of Other Parent/Legal	l Guardian	Date (YYYY	MMDD)
X			x				
SECTION 10: Indian Registra	ntion Administ	trator (IRA)	1				
► If an IRA assisted in complet			mplote and	sian this section			
Name	_	e or she must con Band Number or In			i	Date (YYYY	MANDO
		ITALIBOT OF III				Sale (TTTT	AUNIDD)
				X			

## REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) GUARANTOR DECLARATION

#### **GENERAL INFORMATION**

A guarantor is a person who can confirm the identity of the applicant.

**Family members** may act as guarantors **only** if they meet all the criteria listed below.

A parent or legal guardian applying for registration or for the Secure Certificate of Indian Status (SCIS) on behalf of a child or dependent adult cannot act as guarantor for the child or dependent adult.

The guarantor must perform the following tasks, as needed, free of charge:

- · Complete and sign the Guarantor Declaration form.
- Sign and date the photocopies of the front and back of the applicant's identity documents.
- Sign and date the back of one (1) of the applicant's Canadian passport-style photographs, and write the following statement: "This is a true likeness of (name of applicant or child or dependent adult)."

#### **CRITERIA**

#### The guarantor:

- · Must be 18 years of age or older.
- · Must reside in Canada or the United States.
- · Must be reachable for verification by the Department.
- Must have known the applicant personally for at least two
   (2) years.

**Note:** To know the applicant personally means that the guarantor is able to confirm information about the applicant, such as the name, approximate age, place of birth, physical description and some personal history such as place of residence.

#### The guarantor must be someone from the following list:

- Holder of a valid SCIS (who was 16 years of age or older when he/she applied for the card)
- Indian Registrar or Deputy Registrar
- Elected or appointed official (Band chief or councillor, Indian registration administrator, mayor, member of Parliament/Legislative Assembly)
- Medical professional (dentist, medical doctor, optometrist, pharmacist, chiropractor or registered nurse)
- Judge, magistrate or police officer (First Nations; RCMP; municipal, provincial, territorial police)
- · Lawyer, notary public
- Minister of religion
- · Postmaster/postmistress
- Senior university/college/school administration official and professor/teacher
- · Professional accountant
- · Professional engineer
- Registered social worker or social service worker
- Military personnel (only for Regular Force members and their dependents)
- Other occupations: visit <u>www.canada.ca/indian-status</u> for a more detailed list.

If an eligible guarantor is not available, the applicant must complete the Registration and Secure Certificate of Indian Status Statutory Declaration in Lieu of Guarantor (form 83-170E), and provide two (2) references who are not relatives.

### The references:

- · Must be 18 years of age or older.
- Must reside in Canada or the United States.
- Must be reachable for verification by the Department.
- · Must have known the applicant personally for at least two (2) years.

**Note:** The Statutory Declaration in Lieu of Guarantor (form 83-170E) must be completed and signed before a Commissioner for Oaths, notary public or lawyer.



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## REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) GUARANTOR DECLARATION

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1-800-282-1376,							
► Complete this form online, or write in b	olock letters usin	g bla	ick or dark blue i	nk.			
Applicant Information							
► For the purposes of this form, the applica Certificate of Indian Status (SCIS), or the							
Family Name			Given Name(s)				
Alias / Cultural Name (if applicable)			Date of Birth (YY)	YYMMDD)	Registration Numb	per (10 digits) (if applicable	
I certify that I am the person (applicant) nam	ed above		Signature of Appl	licant		Date (YYYYMMDD)	
Name of Child/Dependent Adult (if ap	plicable)						
Family Name			Given Name(s)				
Guarantor Information and Declaration	on						
Family Name			Given Name(s)				
Permanent Address							
Number, Street, Apartment, P.O. Box							
City/Town	Province/Territor	ry (Ca	anada)	State (L	ISA)	Postal/ZIP Code	
SCIS Serial Number (on the back of the card	1)	Occ	cupation (if guaran	tor does	not have an SCIS)	<u>*</u> n	
Applicant known for years (minimum 2	years)	Tele	ephone Number (D	Daytime)	Name of Firm/Orga	anization (if applicable)	
Instructions for guarantor: As needed, you applicant's identity. You must also sign, date on the back of one (1) of the two photographs.							
I solemnly declare that I am at least 18 years signed and dated the back of one photo and concentrate of Indian Status is requested). I have confirm that I have seen the original document support of the application, including the conceangement.	onfirm that the imag e signed a photoco (s). I understand tha	je is a py of at any	true likeness of the the front and back false or misleading	e applican of each do g stateme	it, child or dependent ocument to support th nt relating to this forn	adult, (if a Secure e applicant's identity and	
Signature of Guarantor					[	ate (YYYYMMDD)	

### REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) STATUTORY DECLARATION IN LIEU OF GUARANTOR

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#### **IMPORTANT**

Family Name

- ▶ This form must be completed and signed before a Commissioner for Oaths, notary public or lawyer.
- ▶ Complete this form online, or write in block letters using black or dark blue ink.

### **Applicant Information**

INTER 83-170SF 2019-02-27

► For the purposes of this form, the applicant is the adult (16 years of age or older) applying for registration and/or for the Secure Certificate of Indian Status (SCIS), or the parent/legal guardian applying for a child (15 years of age or younger) or dependent adult.

Given Name(s)

Alias / Cultural Name (if a	Date of Birth (Y	YYYMMDD)	Registration number (10 digits) (if applicable)				
Addresses (List the addre	esses where you	have lived in the la	ast five (5) years,	starting with your current a	ddress)		
Number, Street, Apartment, P.O. Box	City/Town		e/Territory inada)	State (USA)	Postal/ZIP Code	From (YYYYMMDD)	To (YYYYMMDD)
			<b>-</b>	•			
				-			
			-	~			
			•	•			
In the last five (5) years:	my e	mployers were	and/or	I was attending the follo	wing education	nal institutions	
Employer/School		iress	Telephone Number	Nature of Employment/Studies		From (YYYYMMDD)	To (YYYYMMDD)

Gor of (

<b>References:</b> I have obtained the corelatives, have known me for at least						
1. Family Name		Given Name(s)				
Relationship to Applicant	Telephone No. (Daytime)	Reference known for	years (minimum 2 years)			
Address (Number/Street/Apartment/P.O.	Box) City/Town	Province/Territory (Canada)	State (USA) Postal/ZIP Code			
2. Family Name		Given Name(s)	<del>-</del>			
Relationship to Applicant	Telephone No. (Daytime)	Reference known forye	ears (minimum 2 years)			
Address (Number/Street/Apartment/P.O.	. Box) City/Town	Province/Territory (Canada)	State (USA) Postal/ZIP Code			
<ul> <li>One (1) reference must sign,</li> </ul>	nd date the photocopies of the fr date and write the statement "Th of one (1) Canadian passport-	nis is a true likeness of (name of				
Applicant Declaration		V				
For mail-in applications: I have pre named above, for signature, photoco my identity documents. I have pres	pies of the front and back of	Document Type	Document Number			
named above, one photograph for SCIS).		Document Type	Document Number			
The statements in the application for registration and/or for the SCIS, for:  Omyself Other child/dependent adult  Omega are correct in all respects.  Child/Dependent Adult's Name (as applicable)						
I solemnly declare that I am unable knowledge, the statements made in requested) are a true likeness of me	n this declaration are true and	the photos enclosed (if a Se-				
Signed at (Location)  Province/Territory/State  Signature of Applicant  X						
Information and Declaration of	f Official   Commis	sioner for Oaths	ry Public			
Family Name		Given Name(s)				
Telephone Number (Daytime) Tele	Email Address (Optional)					
Name of Business/Organization (if ap	oplicable)					
Address (Number/Street/Apartment/P.O.	Box) City/Town	Province/Territory (Canada)	State (USA) Postal/ZIP Code			
Declaration made before me						
Signed at (Location)	Province/Territory/State	Signature of Official (affix sta	mp) Date (YYYYMMDD)			