Indian and Northern Affairs Canada
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Affaires indiennes et du Nord Canada

PROTECTED WHEN COMPLETED

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: _____
Surname Given Name(s)

born on: _____ Gender: _____
(YYYY/MM/DD) (Male or Female)

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.**

× _____
Mother's signature

_____
Address

_____
Address

( ) _____
Telephone

_____
Date

× _____
Father's signature

_____
Address

_____
Address

( ) _____
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☆☆☆