



**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.

x _____
Mother's signature

Address

Address

() _____
Telephone

Date

x _____
Father's signature

Address

Address

() _____
Telephone

Date

★Please use ink pen and print clearly★

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

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