

Six Nations of the Grand River

Application for Certificate of Indian Status Card (Renewal/Lost/Stolen)

Privacy Act Statement:

The information you provide on this document is collected under the authority of the Indian Act for the purpose of issuing a Certificate of Indian Status. Personal information will be stored in no. INA/P-PU-110. Personal information that you provide is protected under the provisions of the *Privacy Act*.

Surname (Last):	First Name:	Middle Name:										
Date of Birth:	Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Alias (if applicable):										
Registry No. (10-digit):	Band Name:	Band No.:										
Mailing Address:												
Signature:	Date:	Telephone No.:										
Are you the parent or guardian of this minor child: Mother: <input type="checkbox"/> Father: <input type="checkbox"/> Guardian: <input type="checkbox"/> Parent/Guardian Signature for minors 16 and under: <div style="display: flex; align-items: center;"> X <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> </div> <div style="font-size: 0.8em; margin-top: 5px;">Parent/Guardian Signature</div>												
For Office Use Only:												
This card is: Payment: Original: <input type="checkbox"/> Renewal: <input type="checkbox"/> Lost/Stolen: <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Senior:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Minor:</td> <td></td> </tr> <tr> <td>Adult:</td> <td></td> </tr> <tr> <td>Lost/Stolen:</td> <td></td> </tr> <tr> <td>Total:</td> <td></td> </tr> </table>		Senior:		Minor:		Adult:		Lost/Stolen:		Total:	
Senior:												
Minor:												
Adult:												
Lost/Stolen:												
Total:												
Government Issued Identification Presented: CIS: <input type="checkbox"/> Provincial Health Card: <input type="checkbox"/> Guarantor: <input type="checkbox"/> Birth Certificate: <input type="checkbox"/> Provincial ID Card: <input type="checkbox"/> Passport: <input type="checkbox"/> F.A.C.: <input type="checkbox"/> Driver's License: <input type="checkbox"/> Nexus Card: <input type="checkbox"/> Employee ID: <input type="checkbox"/> Incarceration Forms: <input type="checkbox"/>												
Parent/Guardian ID (for minors 16 under):		Verification IRS Initial:										
New CIS No.:												