

Statement of Parents

Parental Information

Mother:	Father:
Date of Birth:	Date of Birth:
Registry Number	Registry Number:
<input type="checkbox"/> Non Indian <input type="checkbox"/> U.S. Indian <i>Attach Tribal Card</i>	<input type="checkbox"/> Non Indian <input type="checkbox"/> U.S. Indian <i>Attach Tribal Card</i>

Child Information:

Full Name:

Date of Birth:

Indicate which Parent the child is to be registered with: Mother: () Father: ()

Mother's Signature

Father's Signature

Witness:

Witness:

Date

Date

COMMENTS:

MUST BE COMPLETED IN FULL - ATTACH THE CHILD'S ORIGINAL STATEMENT OF LIVE BIRTH (NOTE: THE STATEMENT WILL BE RETURNED TO YOU AFTER YOUR CHILD IS REGISTERED)

Mail to: Six Nations Lands Membership
P.O.Box 62 - 67 Bicentennial Trail
OHSWEKEN, Ontario
N0A 1M0

Phone: 519-445-4613

Fax: 519-445-2778

Indicate which Parent the child resides with:

Mother: (____) Father: (____) Both (____)

Please indicate how you wish the residency of your child and yourself listed in the Indian Registry:

ON RESERVE (____)

OFF RESERVE (____)

CHILD'S LIVING ADDRESS

CHILD'S MAILING ADDRESS IF DIFFERENT:

Blue Site No. _____

Telephone: (____) _____