

GUIDELINES FOR COMPLETION OF CUMFI 165 LOCAL APPLICATION

The information you provide on this document is collected for the purpose of registration and any information you provide is protected under the provisions of the Citizenship Act.

Any person may apply to register by completing the Citizenship Application Form, and by attaching any of the information as set out in the Citizenship act as that information is what will verify proof of Metis anccestry.

If the CUMFI President accepts the application, a CUMFI Local 165 membership card will be issued.

A combination of at least <u>Five</u> of the following doucuments <u>Must</u> accompany the CUMFI 165 Local Application to be considered a complete application.

A combination of any of the following documents must accompany the Citizenship Application Form to be considered a complete application:

- Census Records
- Archival Records
- Church Records
- Historic Records
- Oral Testimony (Transcribed)
- Genealogical Information
- Government Records (Long Birth Form)
- Community Records

Please Note: Your application will be returned if not accompanied by the required documents.

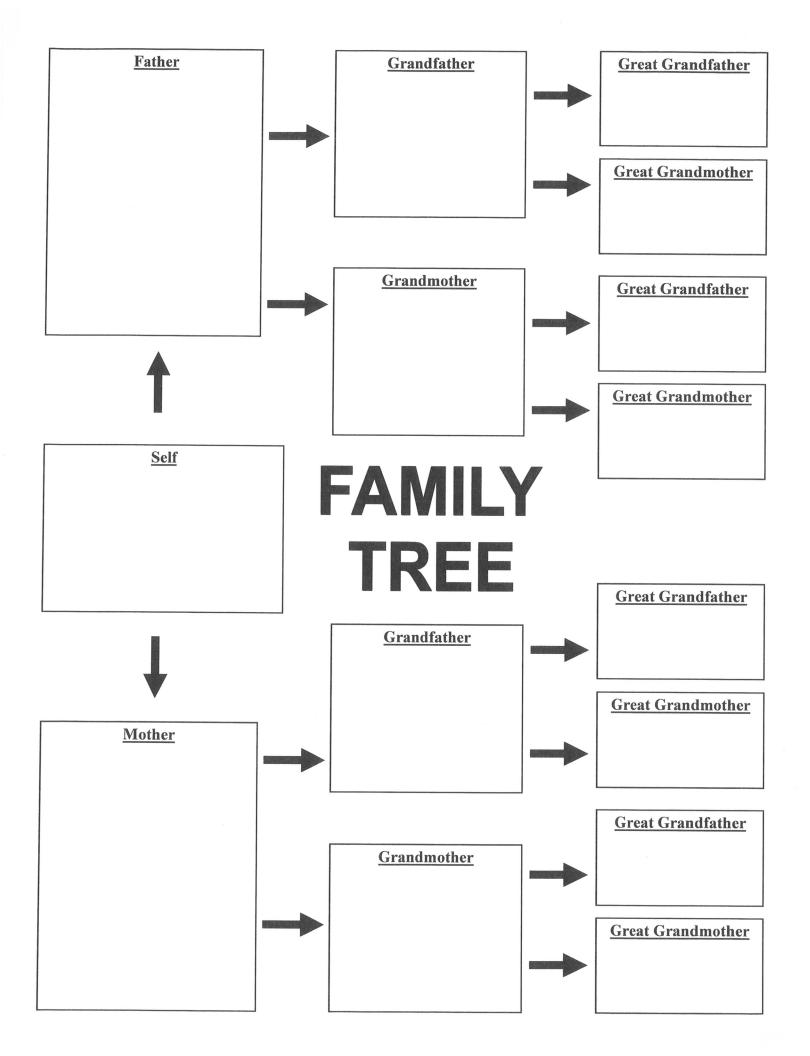
IMPORTANT!

Please note that the <u>Genealogical</u> Information is <u>Mandatory</u> for the completion of the application.

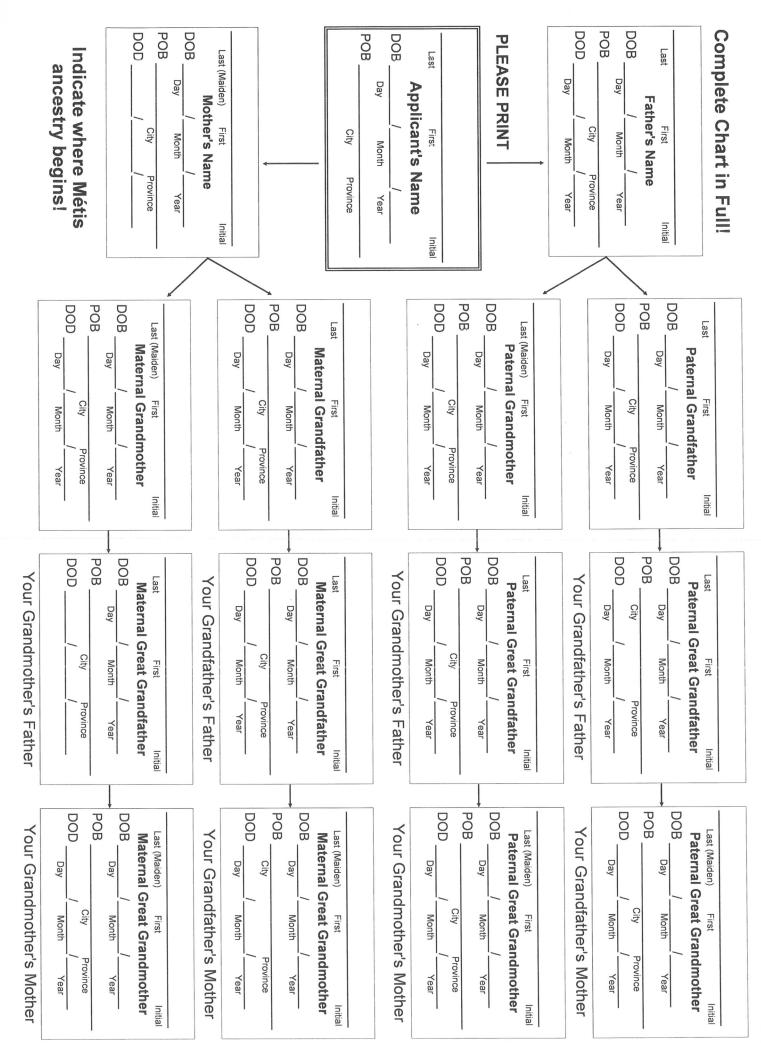
Affiliated with Métis Nation - Saskatchewan

Membership Application Form

	First	Middle
Last Address:		
Address:		ostal Code:
Telephone #:		mail Address:
Birth Date://		ace of Birth:
Month Day Year		
Health Card #:	S.	I.N. #:/
Name of Birth Parents: Father:		
Mother: (Maiden N	ame)	
Name of Spouse:		
Children: (15 years of age and under)		
1		2
3		4
Please fill in the "Family Tree" on the ba	ck of this ap	opheation form.
Volunteers are needed, would you be willing	g to help?	Yes or No
If was places write down when you are ever	1 1 1	
if yes, please write down when you are avai	lable	
	lable	
Declaration:		
Declaration: I declare that the above information is corre	ct as defined	in the Constitution of the MNS Article 10:3.2 which
Declaration: I declare that the above information is correstates "A person shall reside in the Local for	ct as defined r at least (6)	l in the Constitution of the MNS Article 10:3.2 which six months before he/she is eligible for membership
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Declaration: I declare that the above information is corre states "A person shall reside in the Local for in that Local. The Locals may make excepti Date of Application: Month Day Signature of Applicant:	ct as defined at least (6) ons for educ	I in the Constitution of the MNS Article 10:3.2 which six months before he/she is eligible for membership ational and medical purposes." Signature of President: New Applicant? Yes or No



GENEALOGY CHART FOR REGISTRATION IN MÉTIS NATION - SASKATCHEWAN



CITIZENSHIP APPLICATION FORM

1. NAME

NAME TO APPEAR ON CITIZENSHIP CARD

Surna	ame															
First I	Name															
Middle	e Name(s)														
FORI	MER SU	JRNAN	IE(S)								•					
Surna	me at Bi	irth														
Forme	er Name													•		
2. PE	ERSON	AL INF	ORMA	TION												
Date o	of Birth	T						Place	of Birth							
Gende	er 			Marital	Status			Date o	f Marria	ge						
Name	of Spou	se														
NAME	-/GI ()E	CHILL	JOEN													
	E(S) OF	CHILL	NEN													
Surnar		CHILL	JKEN	First Na	ame		Date o	f Birth		Place	of Birth			Ge	ender	
		CHILL		First Na	ame		Date o	f Birth		Place	of Birth			Ge	ender	
		OTHEL	JKEN	First Na	ame		Date o	f Birth		Place	of Birth			Ge	ender	
				First Na	ame		Date o	f Birth		Place o	of Birth			Ge	ender	
			JKEN -	First Na	ame		Date o	f Birth		Place	of Birth			Ge	ender	
			JKEN	First Na	ame		Date o	f Birth		Place	of Birth			Ge	ender	
			JKEN	First Na	ame		Date o	f Birth		Place o	of Birth			Ge	ender	
Surnar	me				ame		Date o	f Birth		Place	of Birth			Ge	ender	
Surnar					ame		Date o	f Birth		Place	of Birth			Ge	ender	
Surnar	chewan	Health (Card N	umber			Date o	f Birth		Place	of Birth			Ge	ender	
Surnar	chewan	Health (Card N	umber	R					Place				Ge	ender	
Surnar	chewan	Health (Card N	umber	R		Date of			Place	of Birth	of Birth		Ge	ender	
Surnar	chewan	Health (Card N	umber	R					Place		of Birth		Ge	ender	
Saskat NAME Surnan	chewan Corp. MC	Health OTHER	Card No	umber	R					Place		of Birth		Ge	ender	
Saskat NAME Surnan	cchewan Cof MC	Health OTHER	Card No	umber FATHE First Na	R		Date of	f Birth		Place		of Birth				
Saskat NAME Surnan	chewan Corp. MC	Health OTHER	Card No	umber FATHE First Na	R		Date of		nce	Place		of Birth	Postal			
Saskat NAME Surnan PERM Street 1	cchewan Cof MC	Health OTHER	Card No	umber FATHE First Na	R	Occupa	Date of	f Birth	nce	Place		of Birth	Postal			

		Local Number	Address of Loca	1 1 		
ength of Residency in F	Region	If Moved,	Date of Reside	ncy		
4. COMMUNITY ACC	CEPTANCE					
Name of Local Dropido	- t	Non	ne of Regional I	Director		
Name of Local Presider	nt	INal	ne or regionari	JII ECIOI		
Signature of Local Pres	sident [Date of Signature	Signature of F	Regional Directo	or Date	of Signatu
5. OATH OF ALLEG	IANCE					
I make a statutory dec	claration that I a	m a Métis within the	meaning of the	ne Constitution	n of the	
Métis Nation - Saskato	chewan. I swear	that all the informa	tion provided	by me is true a	and I pledge	!
to honor the Constitut	ion and Legislat	ion, and follow the r	ules and regu	lations establi	shed by the	
Métis Nation - Saskato of application.	cnewan as ame	naea irom time to ti	me. Please de	o not sign or	uate tilis po	HIOH
Applicant's Signature (or Parent of Appli	cant)	ate of Signature			
Witness' Signature						
			ate of Signatur	9		
6. REGISTRY OFFIC	E: OFFICE US		ate of Signatur	9		
				9		
		E ONLY	s Checklist	e 		
Date Application Receiv		E ONLY Supporting Document	s Checklist	e		
Date Application Receiv		E ONLY Supporting Document Census Rec	s Checklist ords	9		
Date Application Receiv Application Complete yes / no		E ONLY Supporting Document Census Rec Archival Rec	s Checklist ords ords	e		
Date Application Receiv Application Complete yes / no	ved Attached S	E ONLY Supporting Document Census Rec Archival Rec Church Rec	s Checklist ords ords ords ords	e		
Date Application Receiv Application Complete yes / no Date Reviewed	ved Attached S	E ONLY Supporting Document Census Rec Archival Rec Church Rec Historic Rec	s Checklist ords ords ords ords ords bords			
Date Application Receiv Application Complete yes / no Date Reviewed	ved Attached S	E ONLY Supporting Document Census Rec Archival Rec Church Rec Historic Rec	s Checklist ords ords ords ords ords ords ords ords			
Date Application Receiv Application Complete yes / no Date Reviewed Rejected yes / no	ved Attached S	E ONLY Supporting Document Census Rec Archival Rec Church Rec Historic Rec al Testimony (Transcri	s Checklist ords ords ords ords ords ords ords ords			
Date Reviewed Rejected	ved Attached S	E ONLY Supporting Document Census Rec Archival Rec Church Rec Historic Rec Il Testimony (Transcri Genealogical Inform Government Rec	s Checklist ords ords ords ords ords ords ords ords			
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Signature of Registrar