



PARENTAL CONSENT FOR REGISTRATION OF A MINOR UNDER THE INDIAN ACT

We, _____ Date of Birth _____ (YYYY/MM/DD)
Mother's Full Name
Band Name _____ IF applicable
Registry No. _____ IF applicable
And _____ Date of Birth _____ (YYYY/MM/DD)
Father's Full Name
Band Name _____ IF applicable
Registry No. _____ IF applicable
Wish our child _____ Surname _____ Given name(s)
Born on: _____ (YYYY/MM/DD) Gender: Male 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.

x _____ x _____
Mother's signature Father's signature
_____ Address _____ Address
_____ Address _____ Address
() Telephone () Telephone
_____ Date _____ 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★★★