

**APPLICATION FOR REGISTRATION OF A MINOR CHILD
UNDER THE INDIAN ACT**

We:

MOTHER: _____

Registry Number _____

Date of Birth: Year _____ Month _____ Day _____

Father: _____

Registry Number _____

Date of Birth: Year _____ Month _____ Day _____

Wish our child _____

Date of Birth: Year _____ Month _____ Day _____

To be registered with (check only one) Father _____ Mother _____

Child resides (check only one) On reserve _____ Off reserve _____

Mother's signature

Father's signature

Address: _____

Address: _____

Telephone # _____

Telephone # _____

Date _____

Date _____

Witness Signature

Witness Signature

