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Office of the Registrar Métis Nation – Saskatchewan

INFORMATION ON THE DECEASED

Notification Regarding:					
1		1			
Surname	Given Name	////////			
Birth Date: / //////////////////////////////////	-	Date of Death://///////			
		IS Registry #:			
Date to be removed from MNS Mem	pership / Loca	al Listing: / / / Day Month Year			
APPLICANT INFORMATION		[
Last First In Relationship to Deceased:	itial	Last First Initial Relationship to Deceased:			
Telephone: ()		Telephone: ()			
Address:		Address:			
Address:		Number Street			
City Province Po	ostal Code	City Province Postal Code			
MNS Local		MNS Local			
MNS Registry #:		MNS Registry #:			
DEATH CERTIFICATE					
Is a copy of the Death Certificate attached? O Yes O No O To Follow					
ur					
Signature:	Si	ignature:			
Witness:() W	itness: (
Sign Print Date: / / Day Month Year	Last Name	Sign Print Last Name			
MNS Registrar:		Date: / /			
Signa	lure	Day Month Year			
MNS REGISTRAR:		(Print)			

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APPLICATION FOR UNDER 16 YEARS OF AGE

Office of the Registrar Métis Nation – Saskatchewan

		n on behalf of:
Surname	/ Given Na	////////
Birth Date: /		of Birth: / City/Town Province
Day Month Child's Residence:	n Year / / City/Town Province	City/Town Province Registered with MNS Local:
Name / Signature of Local P	resident:()
PARENTAL INFO		
Last First Mother		Last First Initial Father
Date of Birth:/	1	Date of Birth: / / Day Month Year
MNS Local		MNS Local
MNS Registry #:		MNS Registry #:
		ILD INFORMATION
Is this child adopted? Are the birth parents of M	─ Yes ─No etis Ancestry?	⊖Yes ⊖No
Last First Birth Mother MNS Local		Last First Initial Birth Father MNS Local
MNS Registry #:		MNS Registry #:
Address:		Address:
Number	Street	Number Street
City Provi	nce Postal Code	City Province Postal Code
Mother's Signature:		Father's Signature:
Witness:	()	Witness:
Sign Date: / / Day Month Ye	Print Last Name	Sign Print Last Name Date: / / Day Month Year
MNS Registrar:	Signature	Date: / / Day Month Year
MNS REGISTRAR:	-	(Print)
		bbin Crescent

Saskatoon, Saskatchewan S7L GM8 ---



Office of the Registrar Métis Nation – Saskatchewan

APPLICATION FOR REGISTRATION OF NEWBORN

This form to be used by parents who are already registered as members of the Metis Nation Saskatchewan.

We make this application as parent(s) or guardian(s) on behalf of our newborn child. We request that the applicant be registered as Metis as provided under the MNS Constitution and Citizenship Act.

	Application on behalf of:						
Birth Date: ///	/	/	1				
PARENTAL INFORMATION	Surname Given Nam	ne Middle Name	e(s) Sex				
Last First Initial Mother Initial Telephone: ()	Birth Date: / / Place of Day Month Year	of Birth:	/ Province				
Mother Father Telephone: ()	PARENTAL INFORMATION						
City Province Postal Code MNS Local	Mother Telephone: ()	Father Telephone: ()					
MNS Local MNS Registry #: MNS Registry #: BIRTH CERTIFICATE Is a copy of the Birth Certificate attached? Yes No Mother's Signature: Father's Signature: Yitness: Year Date: Year MNS Registrar: Date: Date: Jate: Date: Jate: Jate: <td>Number Street</td> <td></td> <td></td>	Number Street						
MNS Registry #:	City Province Postal Code	City Province	Postal Code				
BIRTH CERTIFICATE Is a copy of the Birth Certificate attached? Yes No To Follow Mother's Signature:							
Mother's Signature:	BIRTH CE	RTIFICATE					
Witness: () Witness: () Date: // // Print Last Name Date: // // // Day Month Year Date: // MNS Registrar: Oise term Date: //	Is a copy of the Birth Certificate attached? OYes ONO OTO Follow						
Sign Print Last Name Sign Print Last Name Date: / / / / Day Month Year Day Month MNS Registrar: Date: /	Mother's Signature: Father's Signature:						
	Sign Print Last Name	Sign //	() Print Last Name				
	MNS Registrar:		/ Nonth Year				
MNS REGISTRAR:(Print)	MNS REGISTRAR:	(Print)					