GUIDELINES FOR COMPLETION OF APPLICATION

The information you provide on this document is collected under the authority of the Métis Nation of Saskatchewan Constitution and the Métis Nation of Saskatchewan Citizenship Act. Accordingly, this information is collected for the purpose of registration and any information you provided is protected under the provisions of the Citizenship Act.

Any person may apply to register with the Métis Nation of Saskatchewan by completing the Citizenship Application Form, attaching any of the following information as set out in the Citizenship Act as that information that will verify proof of Métis ancestry.

If the Registrar accepts the application, a Métis Nation of Saskatchewan Citizenship Card will be issued. The card remains the property of the Métis Nation of Saskatchewan and must be returned if requested by the Registrar.

Any citizenship appeal may be forwarded in writing to the Citizenship Appeal Board, along with accompanying documentation, for consideration, subject to final appeal to the Métis Nation Legislative Assembly, the process of which is identified in the Métis Nation of Saskatchewan Citizenship Act. The burden of proof of ancestry rests with the applicant.

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.

Please make a photocopy of the application and send the original to the Métis Nation of Saskatchewan Head Office.

> Métis Nation of Saskatchewan Office of the Registrar 219 Robin Crescent Saskatoon, Sask.

S7L 6M8

Phone: 1-888-343-6667 (Toll Free in Saskatchewan)

Phone: 1-306-343-8285 Fax: 1-306-343-0171

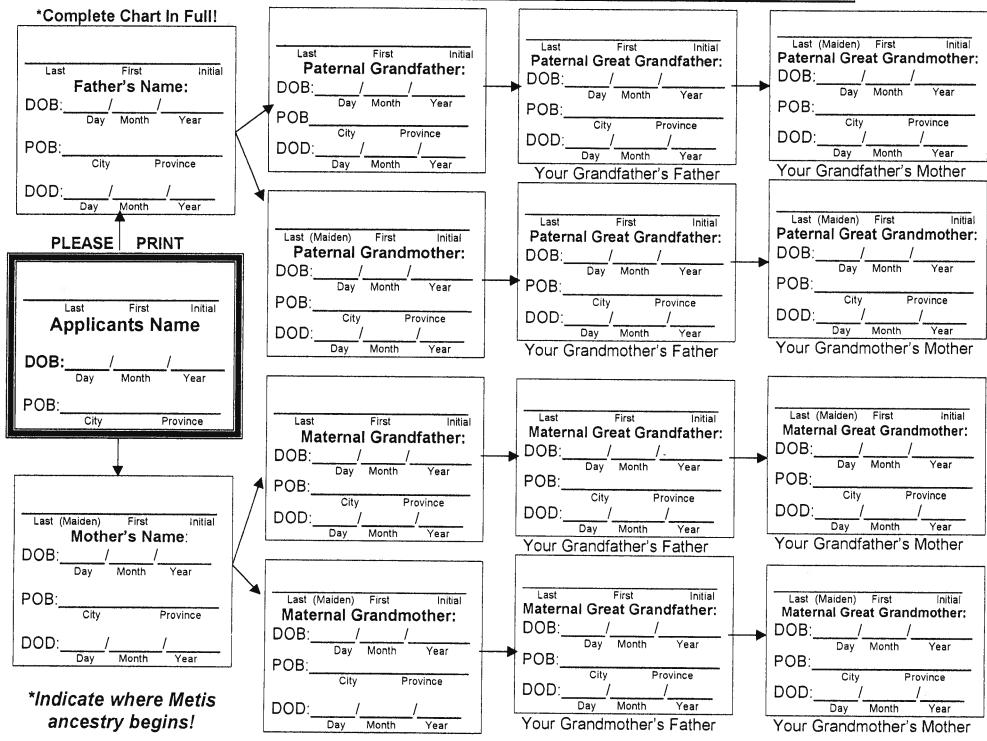
IMPORTANT! Please note that the Genealogical Information is mandatory for the completion of the application

MÉTIS NATION OF SASKATCHEWAN CITIZENSHIP APPLICATION FORM

1. NAME

NAME TO APPEA	R ON CITIZE	NSHIP CAF	RD							
Surname										
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GENEALOGY CHART FOR REGISTRATION IN METIS NATION SASKATCHEWAN





APPLICATION FOR CHANGE OF NAME OR ADDRESS

Office of the Registrar Métis Nation – Saskatchewan

	<u>Applic</u>	ation for:			
					
Surname	Given Nar	ne	Middle Na	me(s)	Sex
	Birth Date:	Month Y	ear		
Telephone Number: ())				
Citizenship Number:			-		п
REGISTERED ADDRESS					
Number and Street		City	Province	/ Postal Code	
ADDRESS CHANGE					
Number and Street		/ City	Province	/ Postal Code	
CHANGE OF NAME INFORM	ATION				
Reason for change of name Copy of Marriage license att Please state the reason for '	ached: O Yes	○ No			
Documents Attached:	No OYes				
NAME CHANGE INFORMATI	ON				
SURNAME	/ GIVEN I	NAME		MIDDLE NAME(S)	
Applicants Signature:		Da	te:/	/ Month Year	
MNS Registrar:	Signature	Dat	te:/	Month Year	
MNS REGISTRAR:		(Print)			



NOTIFICATION OF DECEASED MEMBER

INFORMATION ON THE DECEASED

Notification	Regarding:
Surname Given Name	Middle Name(s) Sex
Birth Date: / / / / Day Month Year	į
MNS Local:	MNS Registry #:
Date to be removed from MNS Membership / Lo	cal Listing:/
APPLICANT INFORMATION	=
Last First Initial Relationship to Deceased:	Last First Initial Relationship to Deceased:
Telephone: ()	Telephone: ()
Address: Number Street	Address:
City Province Postal Code	City Province Postal Code
MNS Local	MNS Local
MNS Registry #:	MNS Registry #:
DEATH CEI	RTIFICATE
Is a copy of the Death Certificate attached	d? O Yes O No O To Follow
Signature:	Signature:
Witness:(Witness:(
	Date: Sign Print Last Name Day Month Year
MNS Registrar:Signature	Date://
MNS REGISTRAR:	(Print)



APPLICATION FOR UNDER 16 YEARS OF AGE

Applicat	ion on behalf of:
Surname Given N	lame Middle Name(s) Sex
Birth Date:/ Place	ce of Birth:/
Child's Residence: /	City/Town Province Registered with MNS Local:
City/Town Province	ce
Name / Signature of Local President:()
PARENTAL INFORMATION	
. The control of the	
Last First Initial	Last First Initial
Mother	Father
Date of Birth: / / / Day Month Year	Date of Birth: / / / Day Month Year
MNS Local	
MNS Registry #:	MNS Registry #:
	HILD INFORMATION
Is this child adopted? Yes No	
Are the birth parents of Metis Ancestry?	○ Yes ○ No
Last First Initial	
Birth Mother	Last First Initial Birth Father
MNS Local	MNS Local
MNS Registry #:	MNS Registry #:
Address: Number Street	Address:
City Province Postal Code	
3-1-1-0000	City Province Postal Code
Mother's Signature:	Father's Signature:
Witness:(_) Witness:()
Date:/	Date:/ Sign Print Last Name
Day Month Year	Day Month Year
MNS Registrar:	/ Date://
Signature	Day Month Year
MNS REGISTRAR:	(Print)



APPLICATION FOR REGISTRATION OF NEWBORN

Office of the Registrar Métis Nation – Saskatchewan

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.

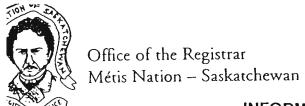
	<u>Application</u>	on behalf of:
Surname	Given Nan	ne Middle Name(s) Sex
Birth Date:/		of Birth:/
PARENTAL INFO	PRMATION	
Last First Mothe Telephone: ()	I	Last First Initial Father Telephone: ()
Address:		Address: Number Street
Address: Number	Street	
City Province	Postal Code	City Province Postal Code
MNS Local		MNS Local
MNS Registry #:		MNS Registry #:
	BIRTH CE	ERTIFICATE
Is a copy of the Birth	Certificate attache	d? OYes O No O To Follow
Madhada Girana		
mother's Signature:		Father's Signature:
Witness:	()	
Date: / Sign / / / / / / / / / / / / / / / / / / /	Print Last Name ear	Date: Sign Print Last Name Day Month Year
MNS Registrar:	Signature	Date:
MNS REGISTRAR:		(Print)
	219 Robi	in Crescent



APPLICATION FOR CHANGE OF NAME OR ADDRESS

Office of the Registrar Métis Nation – Saskatchewan

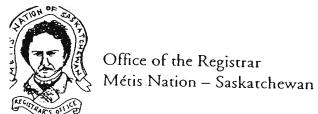
	Applic	ation for:				
Surname /	Given Nar Birth Date:			idle Nan	ne(s)	Sex
Telephone Number: (Day		Year			
Citizenship Number:			·			
REGISTERED ADDRESS	5377					
Number and Street		City	/ Provir	nce	/ Postal Code	
ADDRESS CHANGE						
Number and Street		City	/Prov	vince	/ Postal Code	
CHANGE OF NAME INFORM	ATION					
Reason for change of name? Copy of Marriage license att Please state the reason for '	ached: O Yes	O No		Other		
Documents Attached:	No ○Yes					_
NAME CHANGE INFORMATI	ON					
SURNAME	/ GIVEN	NAME		N	MIDDLE NAME(S	
Applicants Signature:			_ Date: _	/ Day /	/ Month Year	_
MNS Registrar:	Signature		Date: _	/		
MNS REGISTRAR:		(Print)		11.00	



NOTIFICATION OF DECEASED MEMBER

INFORMATION ON THE DECEASED

Notification	on Regarding:
1	
Surname Given Na	me Middle Name(s) Sex
Birth Date://	Date of Death://
MNS Local:	
Date to be removed from MNS Membership / I	Day Month Year
APPLICANT INFORMATION	
Last First Initial Relationship to Deceased:	Last First Initial Relationship to Deceased:
Relationship to Deceased.	
	Telephone: (
Telephone: ()	Telephone: ()
Address: Number Street	Address: Number Street
City Province Postal Code	City Province Postal Code
MNS Local	MNS Local
MNS Registry #:	MNS Registry #:
	CERTIFICATE
Is a copy of the Death Certificate attach	ned? O Yes O No O To Follow
Signature	
Signature:	Signature:
Witness:() Witness:()
Sign Print Last Name Date: / /	Date: / Print Last Name
Day Month Year	Day Month Year
MNS Registrar:	Date: /
Signature	Day Month Year
MNS REGISTRAR:	(Print)



APPLICATION FOR UNDER 16 YEARS OF AGE

A !! !	
	on on behalf of:
Surname / Given N	
	()
Birth Date:/Plac	e of Birth:/ City/Town Province
Day Month Year Child's Residence:	City/Town Province Registered with MNS Local:
City/Town Province	ce
Name / Signature of Local President:()
PARENTAL INFORMATION	
PARENTAL INFORMATION	
Last First Initial	Last First Initial
8.8 41	Father
Date of Birth: / / / Day Month Year	Date of Birth://
Day Month Year MNS Local	MNS Local
	MNS Registry #:
MNS Registry #:	and togically in
ADOPTED CI	HILD INFORMATION
Is this child adopted?	
Are the birth parents of Metis Ancestry?	○Yes ○No
Last First Initial	Last First Initial
Birth Mother MNS Local	Birth Father
	MNS Local
MNS Registry #:	MNS Registry #:
Address:	Address:
Address: Number Street	Number Street
City Province Postal Code	City Province Postal Code
Mother's Signature:	Father's Signature:
Witness:(
Sign Print Last Name	
Date:/	Date:/
Day Month Year	Day Month Year
MANO D	
MNS Registrar:	Date://
Signature	Day Month Year
MNS REGISTRAR:	(Print)

219 Robin Crescent Saskatoon, Saskatchewan S7L 6M8



APPLICATION FOR REGISTRATION OF NEWBORN

Office of the Registrar Métis Nation – Saskatchewan

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.

<u>Application</u>	n on behalf of:
Surname Given Nar	ne Middle Name(s) Sex
Birth Date:/ Place of	of Birth:/ City/Town Province
PARENTAL INFORMATION	
Last First Initial Mother Telephone: ()	Last First Initial Father Telephone: ()
Address: Number Street	Address: Number Street
City Province Postal Code	City Province Postal Code
MNS Local	MNS Local
MNS Registry #:	MNS Registry #:
BIRTH CE	ERTIFICATE
Is a copy of the Birth Certificate attache	d? OYes O No O To Follow
2	
Mother's Signature:	Father's Signature:
Witness:(Witness:() Date:/
MNS Registrar:Signature	Date://
MNS REGISTRAR:	(Print)

219 Robin Crescent