

ASSOCIATION OF METIS & NON-STATUS INDIANS OF SASKATCHEWAN

Metis Identification

A Metis is a person of Aboriginal ancestry, who:

1. can provide proof of his/her ancestry; and
2. declares himself/herself to be a Metis; and
3. meets one of the following tests:
 - a) , is accepted as a Metis by the Metis community,
 - b) has traditionally held himself/herself out to be a Metis,
 - c) has been recognized by the community-at-large as a Metis.

Proof could include:

1. identification of ancestors who were Indians or who belonged to an Indian Tribe;
2. identification of ancestors who received Half-breed Scrip;
3. affidavits given by priests, lawyers, government officials or other officials with detailed personal knowledge of the individual Metis;
4. historical records or documents recognizing ancestors as Indian or Metis. (Examples are: books, letters, memorandums, etc.);
5. legal documents recognizing certain Metis. (Examples are: Orders-in-Council; land titles registered to Manitoba Metis, birth records, etc.);
6. other documentation acceptable to the Association.

10. PLACE OF BIRTH: _____
DATE OF BIRTH: _____
SPOUSE: PLACE AND DATE OF BIRTH: _____

11. ANCESTRAL ORIGIN:
-MOTHER'S SIDE: _____
-FATHER'S SIDE: _____

12. GIVE NAMES OF PARENTS:
FATHER _____ DATE OF BIRTH _____ RESIDENCE _____
MOTHER _____ DATE OF BIRTH _____ RESIDENCE _____

13. GIVE NAMES OF BROTHERS & SISTERS:
NAME _____ DATE OF BIRTH _____ RESIDENCE _____

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

14. RELATIVES IN CITIES OR OUT OF PROVINCE:

ENUMERATION FORM - A.M.N.S.I.S.

1. NAME: _____.

2. ADDRESS: _____.

3. HOW LONG AT PRESENT ADDRESS: _____.

4. SPOUSE: _____.

5. CHILDREN: _____.

(Names &
Ages)

6. ADULT CHILDREN: Names and Addresses:

7. FIRST LANGUAGE: _____.

WORKING LANGUAGE: _____.

8. SELF-IDENTIFICATION:

A. METIS: _____.

B. NON-STATUS INDIAN: _____.

SPOUSE: METIS _____; NON-STATUS INDIAN _____; OTHER _____.

CHILDREN: METIS _____; NON-STATUS INDIAN _____; OTHER _____.

9. AMNSIS MEMBER: YES _____ OR NO _____.

15. DOCUMENTED PROOF: _____

16. SOCIAL INSURANCE NUMBER: _____ HOSPITALIZATION NUMBER: _____

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE