

**PARENTAL CONSENT for REGISTRATION/STATEMENT
of BAND AFFILIATION**

We, _____ D.O.B. _____
mother (YYYY/MM/DD)

Band Name _____ Registry No. _____

and _____ D.O.B. _____
father (YYYY/MM/DD)

Band Name _____ Registry No. _____

wish our child: _____

surname given name middle name (s)

born: _____
date of birth

to be registered with (check one only): MOTHER
 FATHER

Child resides: ON RESERVE
 OFF RESERVE

Is the child adopted? YES or NO

X _____
Mother (signature)

X _____
Father (signature)

_____ Address resides on off reserve

_____ Address resides on off reserve

_____ Address

_____ Address

_____ Telephone Number

_____ Telephone Number

X _____
 ★ WITNESS ★

X _____
 ★ WITNESS ★

_____ Date

_____ Date

★ This form may be witnessed by anyone over the age of 19.
 ★★ Documentation must match with the Indian Registration System, otherwise verification is needed.