



GARDEN RIVER FIRST NATION

PHONE (705) 946-6300
FAX (705) 945-1415

GARDEN RIVER FIRST NATION
7 Shingwauk St., RR#4
Garden River, Ontario P6A 6Z8

Schedule "E" CITIZENSHIP REGISTRY REGULATIONS Application Form

1. Registry # _____

2. Name: _____

3. Address: _____
Street City

Province Postal Code Telephone #

4. Social Insurance Number: _____

5. Date of Birth: Year _____ Month _____ Day _____ Location: _____

6. Present Band Status: Affiliate Garden River First Nation Citizen;
 Transfer _____
Name of First Nation

7. Name and Address of Employer: _____

8. Occupation: _____

9. Number of Dependents: _____

10. Names, Location and Date of Birth of Dependents: _____

Band Status of Dependents: _____

11. Is this application for your dependents also? _____
If "YES", your dependents whose ages are 18 years or over are required to apply individually. You may sponsor those dependents who are under 18 years of age.

12. Do you know the history of the Garden River of Ojibway Nation? _____

13. Do you have family and/or social ties with any member of the Garden River First Nation?

14. Do you know the customs, law and order practices of the Garden River Ojibway Nation? _____

Is anyone sponsoring your application: _____

15. Why are you applying for membership in Garden River Ojibway Nation? _____

Applicant

Sponsor
(where required)

Date of Application

Application Received - Registrar

Date Received



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Schedule "F" CITIZENSHIP REGISTRY REGULATIONS Declaration of Proof

1. Registry #: _____

2. Name: _____

3. Documents Required:

Birth Certificate;

Social Insurance Number;

Certificate of Indian Status (or a formal letter of notification of entitlement of Indian Status issued by the government of Canada)

Please photocopy both front and back of cards and submit with the application.

4. "Declaration of Proof" sworn statement before a commissioner of oaths as attached hereto.

Documents not available: _____

Signature of Applicant/Sponsor

Received-Registrar

Date