



# Nuu-chah-nulth Tribal Council

AHOUSAHT  
DITIDAHT  
EHATTESAHT  
HESQUIAHT  
HUPACASATH

HUU-AY-AHT  
KA:'YU:'K'T'H'/CHE:'K'TLES7ET'H'  
MOWACHAHT/MUCHALAHT  
NUCHATLAHT  
TLA-O-QUI-AHT

TOQUAHT  
TSESHAHT  
UCHUCKLESAHT  
UCLUELET

P.O. BOX 1383  
PORT ALBERNI, B.C.  
V9Y 7M2

TELEPHONE: 250-724-5757  
FAX: 250-723-0463

## BIRTH RELEASE FORM - ADULT

THIS IS TO CONFIRM THAT I \_\_\_\_\_  
NAME

BORN, \_\_\_\_\_ HAVE BEEN ACCEPTED AS A MEMBER OF THE  
D.O.B.

\_\_\_\_\_ FIRST NATION.  
BAND NAME

I HEREBY AUTHORIZE THE INDIAN REGISTRY ADMINISTRATOR TO  
RELEASE MY REGISTRY NUMBER TO THE BAND ONCE I AM REGISTERED  
FOR THE PURPOSE OF UPDATING THE BAND  
LIST.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE