Indigenous and Northern Affairs Canada | Affaires autochtones et du Nord Canada

PROTECTED A
when completed

STATEMENT OF CONSENT

FOR TRANSFER OF A *MINOR*

(**Under** 18 years of age)

Minor's Name: _____

Date of Request: _____

Date of Birth: _____

Current Registry No.: _____

Child resides:

On (own) reserve _____

On (other) reserve _____

Off reserve _____

Crown land _____

STATEMENT:

This is to confirm that my/our child, _____ (Name) is a

member of the _____ (Admitting Band/First Nation) Band/First Nation,

I/we hereby consent to the removal of his/her name from _____ (Current Band/First Nation)

_____ Band List/Registry Group.

SIGNATURE OF PARENT(S) / LEGAL GUARDIAN(S):

x _____	x _____
Signature of Mother/Legal Guardian	Signature of Father/Legal Guardian
_____	_____
Printed Name of Mother/Legal Guardian	Printed Name of Father/Legal Guardian
_____	_____
Address: Number/Street/Apartment/P.O. Box	Address – Number/Street/Apartment/P.O. Box
_____	_____
Address: City/Town | Province/State | Postal/Zip Code	Address – City/Town | Province/State | Postal/Zip Code
( ) _____	( ) _____
Telephone number	Telephone number
_____	_____
Date	Date