



STATEMENT OF CONSENT FOR TRANSFER OF AN ADULT

(18 years or older)

Name: _____

Date of Request: _____

Date of Birth: _____

Current Registry No.: _____

STATEMENT:

This is to confirm that I, _____ am accepted as a
(name)

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

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

Band List/Registry Group, and the addition of my name to the _____
(Admitting Band/First Nation)

Band List/Registry Group.

REQUESTER'S SIGNATURE:

✕

Signature

Mailing Address: Number/Street/Apt/PO Box

Mailing Address: City | Province/State | Postal/Zip Code

()

Phone Number

Resides:

On (own) reserve _____
On (other) reserve _____
On crown land _____
Off Reserve _____

Date