

ONCE COMPLETE, RETURN THIS FORM WITH PAYMENT TO THE ADDRESS ON PAGE 2

This personal information is being collected under the authority of the *Vital Statistics Act* and will be used to issue certificates for births, deaths and marriages. This information is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services (see contact information provided on this form).

MAILING ADDRESS (PLEASE PRINT)

Name Certificate is Being Mailed To		Mailing Address	
Home Phone No. ()	Work Phone No. ()		
E-mail		City/Town/Village	Postal Code

IF BIRTH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname at Birth	Given Name(s)	Birth Date-Y/M/D	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Place of Birth (City/Town/Village)		NORTHWEST TERRITORIES	
Surname of Father or Other Parent	Given Name(s)	Birthplace of Father or Other Parent	
Surname of Mother at Birth	Given Name(s)	Birthplace of Mother	
Type of Certificate Required (specify quantity) _____ Without Parent Information <input checked="" type="checkbox"/> With Parent Information _____ Restricted Photocopy		OFFICE USE ONLY	Registration Number

IF MARRIAGE CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of First Party	Given Name(s)	Birthplace of First Party
Surname of Second Party	Given Name(s)	Birthplace of Second Party
Date of Marriage - Y/M/D	Place of Marriage (City/Town/Village)	NORTHWEST TERRITORIES
Type of Certificate Required (specify quantity) _____ Wallet _____ Paper (Long Form) _____ Restricted Photocopy		OFFICE USE ONLY
		Registration Number

IF DEATH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of Deceased	Given Name(s)	Age	Date of Death-Y/M/D	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Place of Death (City/Town/Village)		NORTHWEST TERRITORIES		
Permanent Residence of Deceased, prior to death		Marital Status		
Mother's Name	Father/Other Parent's Name	Spouse's Name		
Type of Certificate Required (specify quantity) _____ Paper		OFFICE USE ONLY	Registration Number	

PLEASE INDICATE REASON FOR REQUEST

Collection of genealogical evidence to prove birthright to the Northwest Territory Metis Nation Land Claim			
Signature of Applicant X	Date - Y/M/D	State Relationship to Person Named	Fee Enclosed \$

OFFICE USE ONLY

Amount Received	Refund/Return	Notes
Receipt No.		



NORTHWEST TERRITORY METIS NATION

INFORMATION RELEASE FORM

DECLARATION

I, the undersigned, hereby authorize the *Government of the Northwest Territories* to release my personal information to the *Northwest Territory Métis Nation* for the purposes of Genealogical Research specifically related to the eligibility requirements to be enrolled in a Northwest Territory Métis Nation land claim agreement. The original copies of any documents accessed on my behalf will be mailed directly to me by the Government of the Northwest Territories. The Northwest Territory Metis Nation will only receive an encrypted, digitized copy, through Secure File Transfer, for use in support of my Application for Membership.

Please check the appropriate box

I am the person who is the subject of the certificate

OR

I am parent/guardian of the person who is the subject of the certificate

Print Name: _____

Signature: _____

Date: _____

Print Witness Name: _____

Witness Address: _____

Witness Contact #: _____

Witness Signature: _____

To verify the authenticity of this document please contact the following:

Ms. Kelsey Heron
Registries Officer
Northwest Territory Métis Nation Box 720, 138 Simpson Street Fort Smith, NT X0E 0P0
P: (867) 872-4044
F: (867) 872-2772
E: Enumeration@northwestel.net

To inquire as to the Confidentiality policies of the NWTMN please contact:

Executive Director
Northwest Territory Métis Nation Box 720, 25 Camsell Street Fort Smith, NT X0E 0P0
P: (867) 872-2770
F: (867) 872-2772
E: execassist.nwtmn@northwestel.net