



NWT METIS NATION LAND CLAIM ENROLMENT APPLICATION

PART 1: PERSONAL INFORMATION OF APPLICANT

Last Name		Maiden Name	
First Name		Middle Name(s)	
Date of Birth (mm/dd/yyyy)		Place of Birth	
Gender Female ____ Male ____		Commonly Used Nickname	
Mailing Address (required)			
Community (required)		Postal Code (required)	
E-Mail (highly recommended)		Phone (recommended)	

PART 2: CHILDREN UNDER 16 YEARS OF AGE INCLUDING ADOPTED CHILDREN

PLEASE NOTE: YOU WILL BE REQUIRED TO SUBMIT AN APPLICATION FOR ANY CHILDREN WISHING TO ENROL

Please submit a separate Application for each child you wish to register - there are no age limitations.

PART 3: ELIGIBILITY CRITERIA

1. Is the Applicant a Canadian Citizen?	Yes ____ No ____
2. Is the Applicant an aboriginal person of Chipewyan, Cree or Slavey ancestry who: i) resided in, ii) or used and occupied, Any part of the Proposed Agreement Area on or before December 31, 1921?	Yes ____ No ____
3. Is the Applicant a descendant of an aboriginal person of Chipewyan, Cree or Slavey ancestry who: i) resided in, ii) or used and occupied, Any part of the Proposed Agreement Area on or before December 31, 1921?	Yes ____ No ____

PART 4: INELIGIBILITY FOR ENROLMENT

1. Is the Applicant receiving benefits or exercising rights under a treaty?	Yes ____	No ____
2. Is the Applicant registered as an Indian or on a Band List maintained by the Department of Indian Affairs and Northern Development?	Yes ____	No ____
3. Is the Applicant enrolled as a beneficiary of another Land Claim Agreement (example: Sahtu, Gwich'in and Tlicho)?	Yes ____	No ____
4. If yes, please provide name of land claim agreement		
5. If you answered "yes" to Question 3, is the Applicant prepared to withdraw from enrolment under the other land claim agreement to enrol in the NWTMN Final Agreement?	Yes ____	No ____

PART 5: METIS COUNCILS

1. Indicate the Metis Council you are applying to be enrolled in (personal choice, please mark only one):	
a) Fort Resolution Metis Council	
b) Fort Smith Metis Council	
c) Hay River Metis Government Council	

PART 6: INDIGENOUS METIS CITIZENSHIP REGISTER

1. Does the Applicant wish to enrol in the Indigenous Metis Citizenship Register upon the NWTMN Final Agreement being initialed by Negotiators?	Yes ____	No ____
2. Does the Applicant wish to have his/her Applicant child(ren) enrol in the Indigenous Metis Citizenship Register upon the NWTMN Final Agreement being initialed by Negotiators?	Yes ____	No ____
<i>Please Note: The Indigenous Metis Citizenship Register will also form the basis of a voters list for the purpose of ratification of the NWTMN Final Agreement</i>		

PART 7: FAMILY HISTORY

If you have previously registered with the NWTMN please contact us at 867-872-4044 to verify if we have your family history already on file.

In the event we do not have your family history on file, please provide as much family history as possible on the following family history charts. To assist our Genealogist in collecting documents on your ancestors please attempt to provide dates and locations, especially for individuals listed before December 31, 1921.

If the Applicant has two Indigenous Metis parents, the Applicant may provide information related to only one Indigenous Metis parent, at the Applicant's discretion; however, the Applicant may provide family history from both parents

The family history information relating to non-Indigenous members is not required.

Your Family History
(if necessary, use additional sheet for family history information)

PARENTS

Father:	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>

GRANDPARENTS

Father's Father:	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Father's Mother:	
First Name	<input type="text"/>
Maiden Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

GREAT GRANDPARENTS

Father's paternal grandfather	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Father's paternal grandmother	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Father's maternal grandfather	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Father's maternal grandmother	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

PARENTS

Mother:	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>

GRANDPARENTS

Mother's Father:	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Mother's Mother:	
First Name	<input type="text"/>
Maiden Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

GREAT GRANDPARENTS:

Mother's paternal grandfather	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Mother's paternal grandmother	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Mother's maternal grandfather	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

Mother's maternal grandmother	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

PART 8: REQUIRED DOCUMENTS

Applicants are no longer required to provide documentation to prove eligibility, this work is now completed by our Genealogist. However, if you can provide documents for your ancestors this would be very much appreciated. Useful documents are as follows;

- Long Form Birth Certificates (has one or both parent names listed)
- Baptismal Certificates
- Marriage Certificates
- Death Certificates
- Change of Name Certificates

PART 9: DECLARATION

I declare the information in this Enrolment Application Form is true and correct to the best of my knowledge and belief and given voluntarily.

I acknowledge that I may be asked to provide more information upon request of the NWTMN, a Metis Council, enrolment committee or a ratification committee.

I make the application knowing that if any information is false or misleading, I may not be considered eligible to be a member of on one of the Metis Councils, enrol in an Indigenous Metis Citizenship Register and to be added to the voters list for ratification of the NWTMN Final Agreement.

Personal information collected in this enrolment application form will only be used for:

- Metis Council membership list;
- Indigenous Metis Citizenship Register; and
- Voter list

And will be protected in accordance with applicable privacy legislation.

I acknowledge and agree that any personal information I provide in completing this enrolment application form may be verified by the Government of Canada or the Government of the Northwest Territories.

Signature of Applicant / Custodial Parent / Guardian	Date
Witness Signature	Date

Do you consent to the use of the information contained in "Part 7: Family History" to be used in support of other applications? (example: to support the applications of your children, nephews, nieces or other family members)

Yes _____

No _____

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: Kelsey.Heron@nwtmetis.ca

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: Ursula.Vogt@nwtmetis.ca

