Form NWTMN/190508

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): PLEASE NOTE - your selection will make you a member of that Metis Community.	
a) Fort Resolution Metis Government	
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 ____
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		

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

Last Name

Date of Birth

Place of Birth

GRANDPARENTS

Father's Father:
First Name

Last Name

Date of Birth

Father's Mother:
First Name

Maiden Name

Last Name

Date of Birth

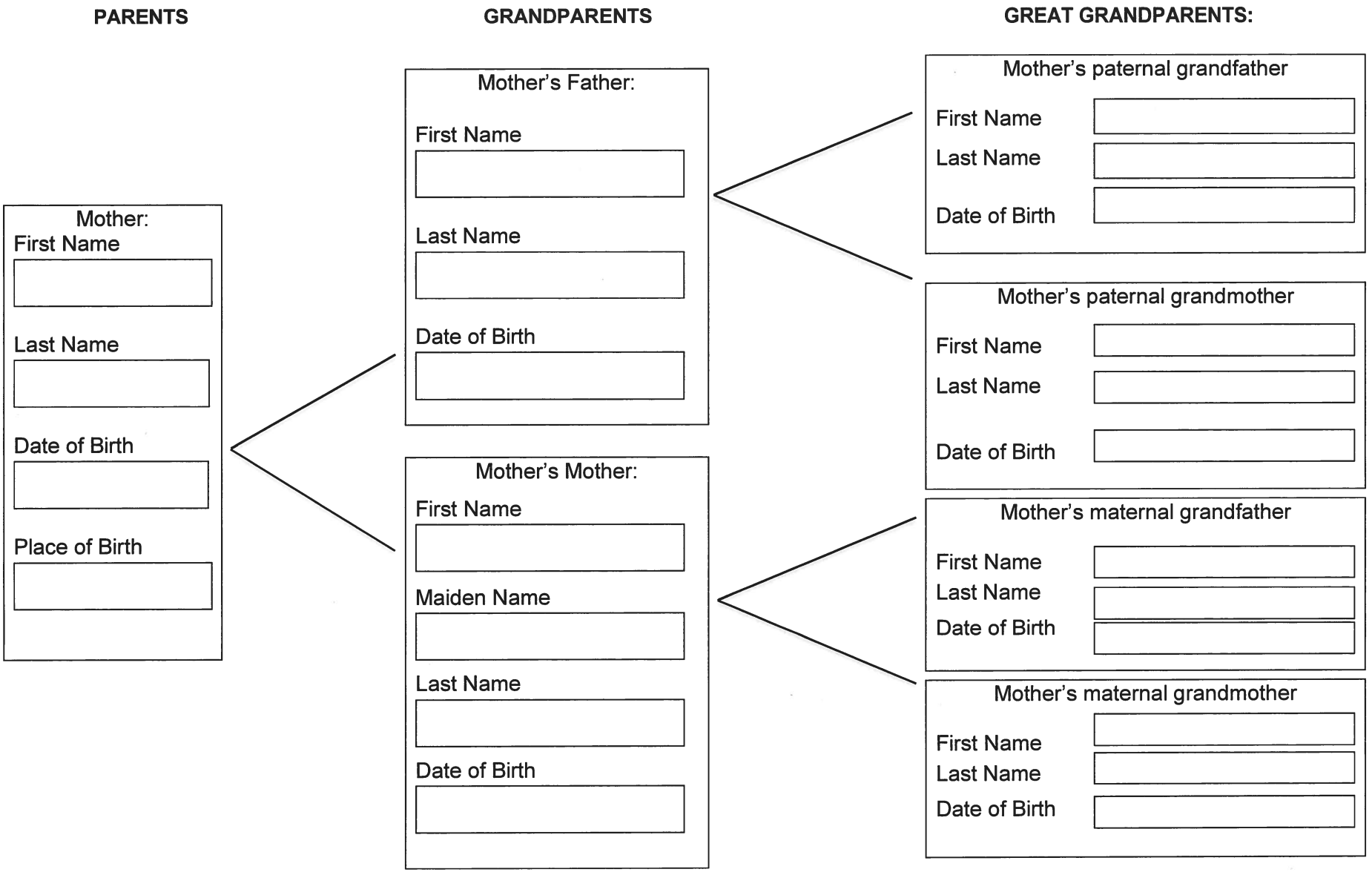
GREAT GRANDPARENTS

Father's paternal grandfather
First Name
Last Name
Date of Birth

Father's paternal grandmother
First Name
Last Name
Date of Birth

Father's maternal grandfather
First Name
Last Name
Date of Birth

Father's maternal grandmother
First Name
Last Name
Date of Birth


PARENTS
GRANDPARENTS
GREAT GRANDPARENTS:
Mother:
First Name
Last Name
Date of Birth
Place of Birth
Mother's Father:
First Name
Last Name
Date of Birth
Mother's Mother:
First Name
Maiden Name
Last Name
Date of Birth
Mother's paternal grandfather
First Name
Last Name
Date of Birth
Mother's paternal grandmother
First Name
Last Name
Date of Birth
Mother's maternal grandfather
First Name
Last Name
Date of Birth
Mother's maternal grandmother
First Name
Last Name
Date of Birth

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 ____

Northwest Territories Health and Social Services

APPLICATION FOR CERTIFICATE OF:

☑ BIRTH ☐ MARRIAGE ☐ DEATH

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 ☐ M ☐ 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 _X_ 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 ☐ M ☐ 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	Date - Y/M/D	State Relationship to Person Named	Fee Enclosed
X PLEASE PRINT FORM TO SIGN			$

OFFICE USE ONLY

Amount Received	Refund/Return	Notes
Receipt No.		

NWT8627/0314

WOULD YOU LIKE US TO CALL YOU FOR CREDIT CARD INFORMATION? ☐ Yes ☐ No

Formulaire disponible en français sur demande. Translation into other NWT official languages will be provided upon reasonable request.

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

CATHOLIC CHURCH

PERSONAL INFORMATION RELEASE FORM

DECLARATION

I, the undersigned, hereby authorize the *Roman Catholic Diocese of Mackenzie Fort Smith* to release my personal information to the *Northwest Territory Métis Nation* for the purposes of Genealogical Research.

Print Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Witness: _____

OFFICE USE ONLY

Documents Requested

Birth Certificate		Baptismal Certificate		Marriage Certificate		Death Certificate	

Additionally, the following documents are requested for the following deceased relatives;

Name	Date of Birth	Relationship	Documents Required