



## **Documents Needed to submit for Membership Registration:**

1. **Original Birth Certificate** – Certificate must have both parent's names (**Note:** if one of the parents are absent from the Birth Certificate a note/letter must be submitted with the application stating, why)

**\*\*Birth Certificates can be purchased here at the Membership office for \$55.00\*\***

2. **A copy of the Siksika Parent's Valid Photo Identification** (Driver's License, Alberta ID, Passport or Status Card)
3. **Original Applications:** 3 forms – (1) Membership Application (2) Application for registration on the Indian Register and for the secure certificate of Indian Status and (3) Birth Certificate
4. **Custody Documents** – Court Orders
5. **\$10.00 CAD Registration Fee** (Cash Only)

**If you have any questions, please do not hesitate to give us a call at any one of the following numbers:**

**1-877-734-5135 or (403) 734 5135**

**Or email us at:**

**membership@siksikanation.com**



## MEMBERSHIP APPLICATION FORM FOR A MINOR CHILD

(17 Years of age and under)

On behalf of this minor child, I am applying for Membership for the child in the Siksika Nation.

Name of Minor Child: \_\_\_\_\_

Age of Minor Child: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Present Address: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_ Natural: \_\_\_\_\_ Adopted: \_\_\_\_\_

Does the child speak or understand the language? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person making application on behalf of the Minor Child: \_\_\_\_\_

Relationship to Minor Child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Father's Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Mother's Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_

Maternal Grandparents' Names: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Nation and Membership Number (if any): \_\_\_\_\_

Paternal Grandparents' Names: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Nation and Membership Number (if any): \_\_\_\_\_

Does Applicant have Guardianship over the Minor Child? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, who has Guardianship over the Minor Child?:

Name: \_\_\_\_\_

Relationship to the Minor Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Required documents to be attached. Check Yes, no or N.A.:

Birth Certificate (Framing Sized Only):..... Yes  No  N.A.

Adoption Papers (if required):..... Yes  No  N.A.

Guardianship Papers (if required): ..... Yes  No  N.A.

**DECLARATION**

I, the undersigned, hereby swear that the information contained in this application is true and correct, and that I have not omitted any pertinent information required for this application.

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_\_

**AUTHORIZATION**

I, the undersigned, hereby authorize the Registrar of the Siksika Nation to verify all the information contained in this application.

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

Reasons for the application. (Please include brief assessment of the Minor Child's knowledge of the Nation's history and culture):

\_\_\_\_\_  
\_\_\_\_\_

**Siksika Membership Services  
Application for Siksika Membership**

NOTICE TO APPLICANTS: The Information you provide on the Application will be assessed and determined by the Registration Officer/Membership Tribunal if you qualify for Membership. Personal information that is provided is protected under the provision of the Privacy Act. Any information that is obtained is in strict confidence. All record, files and application(s) are kept by the Siksika Membership Department.

**FOR OFFICE USE ONLY**

Date of Payment: \_\_\_\_\_ Blood Quantum allotted: \_\_\_\_\_

Date Approved by Tribunal: \_\_\_\_\_



## APPLICATION FOR REGISTRATION ON THE INDIAN REGISTER AND FOR THE SECURE CERTIFICATE OF INDIAN STATUS (SCIS) (FOR CHILDREN 15 YEARS OF AGE OR YOUNGER OR DEPENDENT ADULTS)

**Privacy Act Statement**

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the Indian Registration and the Secure Certificate of Indian Status programs is derived from the *Indian Act*. We use the personal information we collect to determine entitlement to registration in the Indian Register and membership in a First Nation for which the Band List is maintained by the Department, to issue a Secure Certificate of Indian Status to registered persons, and for the provision of benefits and services conferred exclusively to those who are registered. We may share the personal information you provide as outlined under Personal Information Bank AANDC PPU110 (Info Source <http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected is retained by the Department for 30 years after the last administrative action and then transferred to Library and Archives Canada (or as described in the Personal Information Bank). As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. If you have questions or wish to notify us of incorrect information, you may call us at 1-800-567-9604. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

**NOTICE TO APPLICANTS**

If you identify with an Indigenous group that is not recognized under the *Indian Act* (non-status), you may wish to consult with that group before proceeding with an application for registration for yourself, a minor child or dependent adult. Registration under the *Indian Act* in Canada may affect your entitlement to join or be recognized by some non-status groups and your entitlement to the programs and services they may offer. The Indian Registrar does not have the authority to remove a name from the Indian Register if the person has been correctly registered, even when the person requests to deregister.

The Secure Certificate of Indian Status (SCIS) remains at all times the property of the Government of Canada and must only be used by the person in whose name it is issued. Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, selling or permitting the use of your SCIS by any other person or agency may lead to criminal prosecution, and is cause for revocation of your SCIS and refusal to issue a SCIS in the future. Any false or misleading statement, including the concealment of any material fact, may lead to a review of your entitlement to registration and revocation of your registered Indian status.

► **Complete this form online, or write in block letters using black or dark blue ink.**

**SECTION 1: Child/Dependent Adult Information**

Family Name		Given Name(s)	
Family Name at Birth (if different from above)		Alias / Cultural Name (if applicable)	
Sex (as per Birth Certificate) <input type="radio"/> Male <input type="radio"/> Female		Date of Birth (YYYYMMDD)	
Permanent Address <input type="checkbox"/> Address is on Reserve			
Number, Street, Apartment, P.O. Box			
City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code

- If applying for a child: **Are there separation agreements, court orders or legal proceedings pertaining to the custody of the child?**  
 No  Yes ► If yes, include photocopies of all legal documents.  
 ► If applying for a dependent adult, provide a photocopy of the Order of Guardianship.

**SECTION 2: Document Requirements for Child/Dependent Adult**

**A. Proof of Birth Document**  Original document included

Registration Number on Birth Document	Province/Territory of Issuance	State (USA) of Issuance
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**B. Name Linking Document(s)** (Provide if the name of the child/dependent adult on this application is different than the name listed on the proof of birth document)

Name (exactly as it appears on the document)	Document Type



**SECTION 3: First Nation/Band Choice** (If the parents are affiliated with different First Nations/Bands, indicate with which First Nation/Band you would like the child/dependent adult to be affiliated)

First Nation/Band Name	First Nation/Band Number (3 digits) (if known)
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**SECTION 4: Parent(s)/Legal Guardian(s) Information**

**Note:** Correspondence will be addressed to the applying parent/legal guardian unless instructed otherwise.

Applying Parent/Legal Guardian		Other Parent/Legal Guardian	
Family Name		Family Name	
Given Name(s)		Given Name(s)	
<b>Mailing Address</b> (if different than the permanent address of the child/dependent adult) Number, Street, Apartment, P.O. Box		<b>Permanent Address</b> (if different than the permanent address of the child/dependent adult) Number, Street, Apartment, P.O. Box	
City/Town	Province/Territory (Canada)	City/Town	Province/Territory (Canada)
State (USA)	Postal/ZIP Code	State (USA)	Postal/ZIP Code
Telephone Number (Daytime)	Telephone Number (Other)	Telephone Number (Daytime)	Telephone Number (Other)
Email Address		Email Address	
Is your permanent address the same as the child's/dependent adult's address? <input type="radio"/> Yes <input type="radio"/> No			
<b>Relationship to Child/Dependent Adult:</b> <input type="radio"/> Parent <input type="radio"/> Custodial Parent <input type="radio"/> Legal Guardian <input type="radio"/> Other (Specify): _____		<b>Relationship to Child/Dependent Adult:</b> <input type="radio"/> Parent <input type="radio"/> Custodial Parent <input type="radio"/> Legal Guardian <input type="radio"/> Other (Specify): _____	

**SECTION 5: Document Requirements for Applying Parent/Legal Guardian**

**A. Supporting Identity Document(s)**

Document Type	Document Number	Expiry Date (YYYYMMDD) (if applicable)
Name (exactly as it appears on the document)		
Document Type	Document Number	Expiry Date (YYYYMMDD) (if applicable)
Name (exactly as it appears on the document)		
Document Type	Document Number	Expiry Date (YYYYMMDD) (if applicable)
Name (exactly as it appears on the document)		

**B. Name Linking Document(s)** (Provide if the name you are using on this application is different than the name listed on your identity documents, legal documents (custody order, order of guardianship, etc.) or the proof of birth document of the child/dependent adult)

Name (exactly as it appears on the document)	Document Type



**SECTION 6: Adoption Information** (Complete this section ONLY if the child/dependent adult was adopted)

I believe the child/dependent adult has entitlement to Indian status through (select all that apply)

- The adoptive mother     
  The adoptive father     
  The birth mother     
  The birth father

**Adoptive Mother**

Family Name	Given Name(s)	Date of Birth (YYYYMMDD)
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**Adoptive Father**

Family Name	Given Name(s)	Date of Birth (YYYYMMDD)
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**Birth Mother (if known)**

Family Name	Given Name(s)
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**Birth Father (if known)**

Family Name	Given Name(s)
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- ▶ If you believe the child/dependent adult is entitled to Indian status through his/her **adoptive parent(s)**, complete the Family Information section below with the **adoptive parents'** information.
- ▶ If you believe the child/dependent adult is entitled to Indian status through his/her **birth parent(s)**, complete the Family Information section below with the **birth parents'** information (if available).

**SECTION 7: Family Information**

**A. Father**

Family Name	Family Name at Birth (if different)	Given Name(s)
Date of Birth (YYYYMMDD)	First Nation/Band Name	First Nation/Band (3 digits) Number or Registration (10 digits) Number
Was the father adopted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="checkbox"/> Parent not stated on the birth document		

**B. Mother**

Family Name	Family Name at Birth (if different)	Given Name(s)
Date of Birth (YYYYMMDD)	First Nation/Band Name	First Nation/Band (3 digits) Number or Registration (10 digits) Number
Was the mother adopted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

**C. Maternal Grandparents** (Provide information up to the first person registered. For example, if the mother is registered, information on grandparents and great-grandparents is not required)

Family Name	Family Name at Birth (if different)	Given Name(s)	Date of Birth (YYYYMMDD)	First Nation/Band Name or Registration Number	Adopted (Yes/No)
Grandfather					
Grandmother					
Great-Grandfather (1)					
Great-Grandmother (1)					
Great-Grandfather (2)					
Great-Grandmother (2)					





**D. Paternal Grandparents** (Provide information up to the first person registered. For example, if the father is registered, information on grandparents and great-grandparents is not required)

Family Name	Family Name at Birth (if different)	Given Name(s)	Date of Birth (YYYYMMDD)	First Nation/Band Name or Registration Number	Adopted (Yes/No)
Grandfather					
Grandmother					
Great-Grandfather (1)					
Great-Grandmother (1)					
Great-Grandfather (2)					
Great-Grandmother (2)					

**Additional Family Information (optional):** List the names of other registered relatives such as brothers, sisters, aunts, uncles, cousins. (Add separate pages if additional space is required)

**SECTION 8: Photo to Appear on the Secure Certificate of Indian Status (SCIS)**

► Select what applies to you.

Two (2) unaltered, identical, Canadian passport-style photographs are included

SCIS not requested

**SECTION 9: Declaration and Signature of Parent(s)/Legal Guardian(s)**

► Failing to sign and date the declaration will delay the processing of the application.

I solemnly declare that I am the parent/legal guardian of the child/dependent adult. All statements made in this application are true, all documents provided to support this application are unaltered, and the enclosed photographs (if requesting a Secure Certificate of Indian Status) are a true likeness of the child/dependent adult. I have read and understand the Notice to Applicants and the *Privacy Act* Statement.

If the child/dependent adult is eligible, I request that \_\_\_\_\_ be registered in  
(Print name of child/dependent adult)

the Indian Register and, if applicable, that his/her name be entered on a First Nation/Band List, as provided for under the *Indian Act*. I further request that a Secure Certificate of Indian Status be issued to the child/dependent adult (if applicable).

Signature of Applying Parent/Legal Guardian	Date (YYYYMMDD)	Signature of Other Parent/Legal Guardian	Date (YYYYMMDD)
X		X	

**SECTION 10: Indian Registration Administrator (IRA)**

► If an IRA assisted in completing this form, he or she must complete and sign this section.

Name	First Nation/Band Number or Initiator Code	IRA Signature	Date (YYYYMMDD)
		X	



## REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) GUARANTOR DECLARATION

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► Complete this form online, or write in block letters using black or dark blue ink.

**Applicant Information**

► For the purposes of this form, the applicant is the adult (16 years of age or older) applying for registration and/or for the Secure Certificate of Indian Status (SCIS), or the parent/legal guardian applying for a child (15 years of age or younger) or dependent adult.

Family Name	Given Name(s)		
Alias / Cultural Name (if applicable)	Date of Birth (YYYYMMDD)	Registration Number (10 digits) (if applicable)	
<i>I certify that I am the person (applicant) named above</i>	Signature of Applicant		Date (YYYYMMDD)
	X		

**Name of Child/Dependent Adult (if applicable)**

Family Name	Given Name(s)
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**Guarantor Information and Declaration**

Family Name MCMASTER	Given Name(s) ADELE
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**Permanent Address**

Number, Street, Apartment, P.O. Box PO BOX 1219			
City/Town SIKSIKA	Province/Territory (Canada) AB - Alberta	State (USA)	Postal/ZIP Code T0J 3W0
SCIS Serial Number (on the back of the card)		Occupation (if guarantor does not have an SCIS) INDIAN REGISTRATION ADMINISTRATOR	
Applicant known for _____ years (minimum 2 years)		Telephone Number (Daytime) (403) 734-5135	Name of Firm/Organization (if applicable) SIKSIKA MEMBERSHIP DEPT.

**Instructions for guarantor:** As needed, you must **sign** and **date** the photocopies of the front and back of the documents that support the applicant's identity. You must also **sign, date** and **write** the statement "This is a true likeness of (name of applicant or child or dependent adult)" on the back of **one (1)** of the two photographs.

I solemnly declare that I am at least 18 years of age and have known the applicant named above personally for at least **two (2)** years. I have signed and dated the back of one photo and confirm that the image is a true likeness of the applicant, child or dependent adult, (if a Secure Certificate of Indian Status is requested). I have signed a photocopy of the front and back of each document to support the applicant's identity and confirm that I have seen the original document(s). I understand that any false or misleading statement relating to this form and any document in support of the application, including the concealment of any material fact, may be grounds for criminal prosecution.

Signature of Guarantor X	Date (YYYYMMDD)
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Authorization for Return of Original Birth Certificate

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
(Please Print Full Name)

Would like Siksika Membership Department to return my Original Birth Document that I have submitted for a Membership Application for a Adult Or Minor Child (17 Years of age and under).

Applicant Full Name: \_\_\_\_\_

Child Applicant Full Name: \_\_\_\_\_

The Return Address Below:

Street (P.O Box): \_\_\_\_\_

City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Thank You,

X \_\_\_\_\_  
Applicant Signature (Under 16 years of Age Guardian Signature)

**\* Please Note the Address you provide will be the Responsibility of the Applicant**