



# SIKSIKA NATION TRIBAL ADMINISTRATION

## SIKSIKA MEMBERSHIP DEPARTMENT

### REQUEST FOR INDIAN REGISTRATION NUMBER

#### 1. Applicant Information

Full Legal Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

#### 2. Reason for Request:

Personal Records (\$10 fee applies)

Medical/Dental Emergency (Fee waived) – *Documentation Required*

Third-party Request with Member Authorization (fee waived; attach written authorization)

**If requesting fee waiver, please attach supporting documentation or written authorization.**

#### 3. Proof of Identity

Please provide a copy of **at least one** government-issued photo ID (e.g., driver's license, provincial ID, passport).

○ **Type of ID Provided:** \_\_\_\_\_

○ **ID Number** (if applicable): \_\_\_\_\_

○ **Additional Documentation Attached** (birth certificate, etc.): \_\_\_\_\_

#### 4. Authorization and Consent

I, the undersigned, request confirmation of my Indian Registration (Status) Number. I acknowledge and understand that:

- The information provided is accurate and complete to the best of my knowledge.

- A \$10 administrative fee applies for personal record requests unless waived due to medical/dental emergencies or authorized third-party requests.
- Fee waiver requests require supporting documentation or written authorization provided by me.
- My personal information will be used solely to verify and confirm my Indian Registration Number by the Siksika Nation Membership policy and applicable privacy legislation.
- My Indian Registration Number will be provided securely, in person, or via official written or secure electronic communication only. It will **not** be provided verbally by phone.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Third-Party Requests Only:**

Name of Authorized Third Party: \_\_\_\_\_

Type of Organization (e.g., Addiction Treatment, Family Services): \_\_\_\_\_

Written consent from the member attached (required)

Signature of Third-Party Representative: \_\_\_\_\_ Date: \_\_\_\_\_

***Instructions:***

- ***Completed forms must be submitted in person or sent via registered mail or secure electronic means (if available) to the Siksika Nation Membership Registration Office.***
- ***Applications will be processed by the “Provision of Indian Registration Numbers to Nation Members” Policy.***
- ***If you have any questions about this form or your application status, you may contact the Membership or Registration Office. Please note staff cannot disclose registration numbers over the phone.***

**Office Use Only**

**Date Form Received:** \_\_\_\_\_

**Fee Received:**  Yes  No (Waived due to: \_\_\_\_\_)

**Processed by (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Indian Registration Number Provided On (Date & Method):** \_\_\_\_\_

**Registrar or Authorized Official Signature:** \_\_\_\_\_