



Métis Nation
Saskatchewan

Saskatchewan Citizenship Registry

209 - 2121 Airport Drive, Saskatoon, SK S7L 6W5

Ph 306-343-8391 • Fx 306-343-8398 • Tf 1-833-343-8391

Individual Citizenship Application

☐ Youth (0 - 15 yrs) ☐ Adult (16 yrs +)

APPLICATION INFORMATION

Surname of Applicant		Given Name(s)	
Address		Surname at Birth	
City	Postal Code	Date of Residency in <u>Saskatchewan</u> (DD/MM/YYYY)	
Home Phone Number ()	Secondary Phone Number ()	Email Address	
Place of Birth (City / Province)		Country	
Birth Date (DD/MM/YYYY)	Eye Colour	Height (*Adult)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Saskatchewan Health Card Number	Government Issued Photo ID (Specify)		
Are you a member of a Métis Local? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Adopted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Métis Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Harvester? Yes <input type="checkbox"/> No <input type="checkbox"/>
Métis Local Name (Optional)		Trapping <input type="checkbox"/>	Fishing <input type="checkbox"/>
Hunting <input type="checkbox"/>			
Marital Status (Optional) Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/>	Name of Spouse or Common Law Partner (Optional)		

APPLICANT'S PARENTS

Birth Surname of Father	Given Name(s)
Place of Birth (City/Province/Country)	Birth Date (DD/MM/YYYY)
Birth Surname of Mother	Given Name(s)
Place of Birth (City/Province/Country)	Birth Date (DD/MM/YYYY)

APPLICANT'S CHILDREN

Children's Names (First, Middle, Last) 1. _____ 2. _____ 3. _____ 4. _____	Place of Birth (City/Province) _____ _____ _____ _____	Date of Birth (DD/MM/YYYY) _____ _____ _____ _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
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Digital Signature
required. Adult
applicant must sign
within the borders
of the box in
BLACK INK.

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Youth: Parent/Guardian signature ONLY

CONSENT TO CONTRIBUTE: PERSONAL INFORMATION AND HISTORICAL DOCUMENTS

Personal Information: Personal information is information that identifies you as an individual. It includes not only your name and address, age and gender, but birth date and other personal archival records, records concerning your ancestry, present and past residences.

Information That You Consent To Release by Signing This Form

The information referred to in this consent form are those personal archival records and records concerning your ancestry specifically; if you sign this form these records will be included in the MN-S Historical Documents Database, and thus possibly made available to authorized researchers, authorized staff, and authorized citizens of the MN-S Citizenship Registry. This consent form does not relate to contemporary personal records; by signing this form you DO NOT consent to release information about your birth certificate, current address, and/or contact information.

Purpose for the Disclosure of Personal Information

The MN-S Citizenship Registry will be using and sharing your information, to the extent necessary, towards historical research in relation to contemporary and historical Métis communities, traditions, and customs. Your information will be used as required for the preparation of one or more historical reports authorized by the MN-S Citizenship Registry. These reports may or may not specifically identify you and may be distributed to others such as Provincial and Federal government departments, tribunals, courts, administrative bodies, the media, Métis communities, Provincial and Federal Métis organizations, and/or the public at large.

The use of your personal information for these purposes is self-evident and should be clear. However, if you have any questions about the purpose of the personal information and how it will be used, please call the MN-S Citizenship Registry office and ask. In addition to the purposes set forth above, your personal information may be used as follows:

- To trace your ancestry.
- To research and record personal information as necessary for the exercise and preservation of cultural practices and tradition.
- For use in a public report concerning contemporary or historical communities and traditional Métis customs and practices for use as necessary in Court proceedings,
- Administrative matters and hearings, and such other purposes and uses as may be required and deemed useful in advancing the cause of Métis Citizens, proving and/or;
- Upholding Métis rights and entitlement and/or publicizing Métis issues.

Consent to Research and Verify Ancestry

I understand that I must provide a copy of my birth certificate with parents' names and/or official baptismal certificate with parental information. Should a name change(s) have occurred documentation (marriage certificate(s) or change of name forms) will be required. As well as, my or a family member's Métis genealogy with supporting official documents which includes documents linking to the genealogy information being provided showing that I am Métis, of Historic Métis Nation Ancestry.

I confirm the attached documents, and other documentation and information supplied by me, are to the best of my knowledge, reliable and authentic, and would qualify me as "Métis", meet "Historic Métis Nation Ancestry" MN-S Citizenship requirements.

I understand that the Provincial Citizenship Registry Office of the MN-S reserves the right to question any documentation or information provided as part of this application process. Applications will be subject to review before approval or rejection.

Storage of Personal Information

Your personal information will be securely stored in hard copy and as electronic/digital format at the MN-S Citizenship Registry head office and with authorized MN-S Citizenship Registry researchers as designated by the MN-S Citizenship Registry.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Legal Name of Applicant: _____

Privacy Act Statement

This statement explains the purposes and use of your personal information. Only information needed to respond to program requirements will be requested. The collection and use of your personal information is authorized by Métis Nation-Saskatchewan (MN-S), as stated in the MN-S Constitution, Article 10 and the MN-S Citizenship Act and is required for your participation. MN-S will use your personal information to seek confirmation that you are entitled to registration in the MN-S Citizenship Registry to access certain programs, services and/or benefits as such. Your personal information will be retained by the MN-S Citizenship Registry indefinitely for program requirements. As stated in the The Local Authority of Freedom of Information and Protection of Privacy Act (FIOPPA) Part IV, Article 27 and Article 28, you have the right to access your personal information and request changes to incorrect information. Contact our office at 1-833-343-8391 to notify us about incorrect information.

I understand the contents of my MN-S Citizenship application is confidential. Personal information is protected by FIOPPA. I hereby authorize the MN-S Registry to securely store in hard and/or electronic copy the following contents of my MN-S Citizenship application file:

◆ Individual Citizenship Application form; which includes the following information:

- | | |
|---|--|
| • Full legal name | • CIRNA Screening form |
| • Date and place of birth | • Supporting genealogical documentation |
| • Residential address | • 5-Generation Pedigree Chart |
| • Phone Number & email address | • Photograph (16+ yrs) |
| • Signature of applicant | • Government Issued Photo ID |
| • Parental information (full legal name, date and place of birth) | • Correspondence pertaining to the application |
| • Consent to Release Confidential Information form | • Application Checklist |
| | • Saskatchewan Health Card |

I hereby authorize the MN-S Citizenship Registry to use the supporting genealogical documentation to assist with research and publications documenting the history of the Métis. I hereby authorize the MN-S Registry to use my 5-Generation Pedigree Chart and supporting genealogical documentation to assist with compiling genealogical charts for other members of my biological family. I hereby authorize the MN-S Registry to use the information contained in my MN-S Citizenship necessary in the preparation of Métis Voters Lists. I will inform the MN-S Citizenship Registry Department of any change of address, if I have not contacted the MN-S Citizenship Registry Department within six (6) months, I give the MN-S Registry Department permission to contact my relative to obtain my current address.

Name: _____ Relationship: _____ Phone: _____

Email: _____ Address: _____

Signature of Applicant: _____ Date: _____

Check box if you give consent to the following:

☐ I hereby authorize the MN-S Registry to contact me for future surveys or questionnaires.

CITIZENSHIP & STATUTORY DECLARATION

I, _____, do solemnly and sincerely swear that the following statements are true: I self-declare I am Métis within the meaning of the Constitution of the Métis Nation-Saskatchewan. Further, should I be granted citizenship with the Métis Nation-Saskatchewan, I will respect, and will abide by, all the rules and bylaws of the Métis Nation-Saskatchewan. The foregoing information provided during the application process is true and accurate. I acknowledge that providing false information is grounds for termination of my Citizenship card. I recognize that in order to apply for a Métis Nation-Saskatchewan citizenship I need to verify that I am not a registered status Indian nor have I made application to be registered as an Indian. I am not a registered status Indian or a person who has applied to be registered as Indian in accordance with Bills C31, C3 and/or S3. I understand that I could be prosecuted to the fullest extent of the law if I fraudulently sign this declaration and I am found to have First Nations Status. If inquiries establish that I am a registered status Indian I will relinquish my MN-S Citizenship Card to the MN-S Citizenship Department within one week from receiving notice from the MN-S that I am a registered status Indian. If I make an application to be registered status Indian and I am successful I will relinquish my MN-S Citizenship Card to the MN-S Citizenship Department, within one week of becoming a registered status Indian.

Before me at _____
in the province of Saskatchewan _____ APPLICANT'S SIGNATURE

This _____ day of _____, 20_____, _____
COMMISSIONER'S SIGNATURE

A Commissioner for Oaths for Saskatchewan. My appointment expires _____, 20_____

INDIAN REGISTRY SCREENING CONSENT FORM

THIS FORM IS MANDATORY FOR
CITIZENSHIP APPLICANT

Full Legal Name of Applicant: _____
(please print name clearly)

Date of Birth: _____
(dd/mm/yy)

Privacy Act Statement

This statement explains the purposes and use of your personal information. Only information needed to respond to program requirements will be requested. The collection and use of your personal information, personal information means specifically your or the said minor child's full legal name and date of birth, for this Crown Indigenous Relations and Northern Affairs (CIRNA) is authorized by Métis Nation-Saskatchewan (MN-S), as stated in the MN-S Constitution Article 10.1.e and is required for your participation in this screening initiative. We will use your personal information to seek confirmation that you or the said minor child are not a registered Indian entitled to access certain programs, services and/or benefits as such. We share the personal information you give us with CIRNA to perform a search within the Indian Registration System (IRS) and validate back to MN-S if you or the said minor aged child is a registered Indian or not. Your personal information or that of the minor child under your legal responsibility provided will be retained for no more than the period of time required to process MN-S request to reconcile the Métis list provided to CIRNA and immediately deleted. As stated in the The Local Authority of Freedom of Information and Protection of Privacy Act (FIOPPA) Part IV, Article 27 and Article 28, you have the right to access your personal information or that of the said minor aged child's under your legal responsibility and request changes to incorrect information. Contact our office at 1-833-343-8391 to notify us about incorrect information.

FOR APPLICANT UNDER THE AGE OF 18 YRS - THIS FORM MUST BE FILLED OUT AND SIGNED BY THE PARENT/LEGAL GUARDIAN IN THE SECTION BELOW.

As the parent/legal guardian of the above said minor child, I am applying for Citizenship with Métis Nation-Saskatchewan (MN-S) & hereby authorize MN-S to share the said minor child's personal information with Crown Indigenous Relations and Northern Affairs (CIRNA) in order for CIRNA to perform a search of the Indian Registration System (IRS) and validate back to MN-S if the minor child is a registered Indian or not.

Parent/
Legal Guardian: _____ Parent/
Legal Guardian: _____ Date: _____
(print name) (signature) (dd/mm/yy)

FOR APPLICANTS 18 YRS OF AGE OR OLDER - THIS FORM MUST BE FILLED OUT AND SIGNED IN THE SECTION BELOW.

I am applying for Citizenship with Métis Nation-Saskatchewan (MN-S) & hereby authorize for MN-S to share my personal information with Crown Indigenous Relations and Northern Affairs (CIRNA) in order for CIRNA to perform a search of the Indian Registration System (IRS) and validate back to MN-S if I am registered Indian or not.

Applicant: _____ Applicant: _____ Date: _____
(print name) (signature) (dd/mm/yy)



Métis Nation-Saskatchewan
Citizenship Registry

Applicant:

b
b.p

1

Your Parent's Name
b
b.p
m
m.p
d
d.p

3

Grandmother (Maiden Name)
b
b.p
d
d.p

b = Date of Birth
b.p = Birth Place
m = Date of Marriage
m.p = Marriage Place
d = Date of Death
d.p = Death place

2

Grandfather's Name
b
b.p
m
m.p
d
d.p

4

Great Grandfather
b.
b.p
m
m.p
d
d.p

5

Great Grandmother
b
b.p
d
d.p

8

2nd Great Grandfather
b
m
d

9

2nd Great Grandmother
b
d

10

2nd Great Grandfather
b
m
d

11

2nd Great Grandmother
b
d

12

2nd Great Grandfather
b
m
d

13

2nd Great Grandmother
b
d

14

2nd Great Grandfather
b
m
d

15

2nd Great Grandmother
b
d

Connects to: Name & card holder number: