



# Métis Nation Saskatchewan

## It's time to renew your Métis Nation—Saskatchewan Citizenship Card.

There are two options for completing the renewal process. (1) You can submit what is required by email. (2) You can come to any one of our offices to renew.

Please call [1.833.343.8391](tel:1.833.343.8391), email [info@mnsregistry.ca](mailto:info@mnsregistry.ca), or visit our website [www.metisnationsk.com](http://www.metisnationsk.com) to find which of our locations is nearest to you or for more information.

### Important information:

- A new digital signature and photo are required every time you renew, and will appear on the card.
- For Youth Citizens now 16 or older that will be receiving their first card will need to fill out a Youth to Adult Form.
- By filling out and signing this form you are agreeing to the same policies, consents and permissions required by the MN-S Registry from new applicants for Métis Citizenship (these can be found in our current Individual Citizenship Application, available on our website here: [metisnationsk.com/library-registry/](http://metisnationsk.com/library-registry/)).

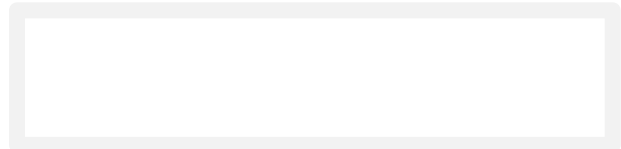
### (1) What to expect when renewing in one of our offices:

- Photo taken for the card
- Digital Signature taken for the card
- Copies taken of your valid Saskatchewan Health Card, and of your valid Government Issued Photo ID
- Update and verify your basic information, and contact information by completing this form

### (2) What to submit when renewing by email:

- A recent passport quality photo of yourself
- A copy of your valid Government Issued Photo ID
- A copy of your valid Saskatchewan Health Card
- This form filled out
- Name change document(s) if required\*

Signature shall be completed in **black ink or digitally**.  
Sign within the box, without touching the edges.



PRINT FULL LEGAL NAME: \_\_\_\_\_

\*PREVIOUS SURNAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CURRENT MAILING ADDRESS: (Box #, # and street, etc.) \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ SK \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PRIMARY PHONE:( \_\_\_\_\_ ) \_\_\_\_\_ \*SECONDARY PHONE:( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
YYYY / MM / DD

CURRENT HEIGHT (0'0"): \_\_\_\_\_ ft

PHOTO TAKEN:

IF YES, DATE PHOTO TAKEN: \_\_\_\_\_

MN-S CITIZENSHIP #: \_\_\_\_\_