



Individual Citizenship Application

Youth (0 - 15 yrs) Adult (16 yrs +) Child in Care

Full Legal Name (Given, Middle, Surname)

Surname at Birth

Previous Names (Name, Date, Location when changed)

Known As / Nickname

Gender

Marital Status

Name of Partner (Optional)

Adopted, Foster Care, or a part of the 60's scoop? SK Health Card Number

Submitting copies of your Photo ID and Health Card?

Height (0'0")

Eye Color

Are you a Métis Veteran?

Birth Date (YYYY / MM / DD)

Place of Birth (City / Province / Country)

Are you a resident of SK for 6 or more months? If no, start date of SK residency (YYYY/MM/DD) Are you a harvester? Please check the boxes for any harvesting you do.

Trapping

Fishing

Hunting

Mailing Address

City

Province

Postal Code

Primary Phone Number (Include area code)

Secondary Phone Number (Optional)

Extension Email Address

Are you a member of a Métis Local?

Métis Local Name and Number (Optional)

Which parent is your Métis Parent?

Are you applying for funding? If so, for what?

Applicant's Biological Parents

Birth Surname of Father

Father's Given Name(s)

Place of Birth (Town or City / Province / Country)

Birth Date (YYYY / MM / DD)

Birth Surname of Mother

Mother's Given Names (s)

Place of Birth (Town or City / Province / Country)

Birth Date (YYYY / MM / DD)

Applicant's Children

	Children's names (Surname, Given Name[s])	Place of Birth (City/Province)	Birth Date (YYYY/MM/DD)	Gender	Adopted
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Digital Signature required. Adult applicant must sign within the borders of the box in BLACK INK. 

Youth Applications: 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CONSENT TO CONTRIBUTE: PERSONAL INFORMATION AND HISTORICAL DOCUMENTS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 also birth date and other personal archival records, records concerning your ancestry, and past residences.

The Métis Nation – Saskatchewan collects and uses your personal information pursuant to the MN-S Citizenship Act and Constitution. Your personal information is required for your participation in the MN-S and MN-S programs and benefits. Be advised that the contents of your MN-S Citizenship application are confidential and that the MN-S Citizenship Registry securely stores, in hard and/or electronic copy the following contents of your MN-S Citizenship application file:

- Full Legal Name
- Date and Place of Birth
- Residential Address & Mailing Address
- Phone Number & Email Address
- Signature of Applicant
- Parental Information
(full legal name, date & place of birth)
- Consent to Release Confidential Information
- CIRNA Screening Form
- Supporting Genealogical Documentation
- 5-Generation Pedigree Chart
- Photograph (16+ yrs.)
- Government Issued Photo ID
- Correspondence Pertaining to the Application
- Application Checklist
- Saskatchewan Health Card

YOUR CONSENT TO THE USAGE AND RELEASE OF YOUR PERSONAL INFORMATION

By signing this form, you consent to the personal, ancestral, and genealogical information you provide to MN-S being used in the compilation and preparation of genealogical charts, historical documents and reports, MN-S databases and MN-S elections. Your personal information will be retained by the MN-S Citizenship Registry indefinitely for MN-S program requirements and the purposes described herein. Your information and these reports may or may not specifically identify you and may be distributed to authorized researchers, staff, and various branches of MN-S governance, as well as to outside third parties such as Canadian federal and provincial government departments, third party funding agencies and programs, tribunals, courts, administrative bodies, the media, Métis communities, other federal and/or provincial Métis organizations, and/or the public at large.

If you have any questions about the storage, usage, and release of your personal information as described, please call the MN-S Citizenship Registry office and ask. For greater clarity and context and in addition to the purposes set forth above, your personal information may be used as follows:

- To trace your and your family's ancestry
- For use in a public report concerning contemporary or historical communities and traditional Métis customs and practices for use as necessary in Court proceedings
- Upholding Métis rights and entitlement and/or publicizing Métis issues
- To research and record personal information as necessary for the exercise and preservation of cultural practices and tradition
- Administrative and MN-S governance matters and hearings and other purposes as may be required to advance the interests of Métis citizens within MN-S
- Gathering of non-identifying statistical information to assist in the development and delivery of program and services
- Verification for participation or access to education, employment, and/or funding offered specifically for Métis people
- The preparation of Métis Voters Lists

Initials: _____

CHANGE OF ADDRESS

I will inform the MN-S Citizenship Registry Department of any change of address. I acknowledge that I am responsible for the replacement cost that result in lost mail if the Registry does not have an updated address on file.

If MN-S Citizenship Registry Department has not been able to make contact after six (6) months, I give the MN-S Registry Department permission to contact my relative to obtain my current contact information including but not limited to phone number, email address, mailing address or physical address of residence.

Next of Kin Contact Information

Name: _____ Relationship: _____
Phone: _____ Email: _____
Mailing Address: _____

DECLARATION

I, _____ do solemnly and sincerely swear that the following statements are true:

I understand that I must provide various documentation for the purposes described in my MN-S Citizenship Application and herein, such as: a copy of my birth certificate with parents’ names and/or official baptismal certificate with parental information; documentation of any name change(s) such as marriage certificate(s) or change of name forms; official documents supporting my or a family member’s Métis genealogy.

I confirm the attached documents, and other documentation and information supplied by me, are to the best of my knowledge, reliable and authentic, and qualify me as “Métis” with “Historic Métis Nation” ancestry according to 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.

In pursuit of, and as a condition of my application for MN-S Citizenship I hereby confirm that I am not a registered Indian, status Indian, member of any other First Nation, nor have I made application to be recognized as such, whether in accordance with Bills C31, C3 and/or S3 or otherwise. If I make any such application for Indian status or it is determined that I am a member of a First Nation I will relinquish my MN-S Citizenship Card to the MN-S Citizenship office within one week.

If I permanently reside outside of Saskatchewan for a period longer than six (6) consecutive months, I will relinquish my MN-S Citizenship Card to the MN-S Citizenship office within one week.

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, and, voluntarily authorize the Métis Nation-Saskatchewan to assert and advance collectively-held Métis section 35 Charter rights, interests, and claims on behalf of myself, my community and the Métis in Saskatchewan, including through Crown consultation and the negotiation and entering into of agreements to protect, respect, advance, determine, or recognize Métis section 35 Charter rights and interests. I assert that the foregoing information provided during the application process is true and accurate. I acknowledge that providing false information is grounds for termination of my MN-S citizenship.

Signed on _____ Signature of Applicant
Date: _____ or Parent/Guardian: _____

INDIAN REGISTRY SCREENING CONSENT FORM
THIS FORM IS MANDATORY FOR CITIZENSHIP APPLICANTS

CONSENT TO SHARING OF INFORMATION WITH CANADIAN GOVERNMENT

NOTE: With respect to the following “You” and “Your” shall refer to the Applicant for MN-S citizenship. If the Applicant is under the age of eighteen (18) years old, “You” and “Your” shall have the same meaning but shall be consented to by the Applicant’s legal guardian.

Be advised that MN-S will share the information provided in this Citizenship Application and relating to you within the MN-S Citizenship Registry with various Canadian federal and provincial government offices and agencies.

Pursuant to the MN-S *Constitution*, Article 10 and the MN-S *Citizenship Act*, your personal information will be shared with Crown Indigenous Relations and Northern Affairs (CIRNA). This sharing of your information is required as part of the MN-S citizenship application and screening process in order to receive confirmation that you are not a registered Indian with CIRNA and the Indian Registration System (IRS).

MN-S will only share as much of your information as is strictly necessary for the purposes of this screening process and in order to confirm you are not a registered Indian as described above and for MN-S to receive such confirmation back from such Canadian government offices. Your personal information will only be shared and retained for as long as is required to process this screening request from MN-S and to reconcile the list of Métis citizens with the IRS.

Take note that Saskatchewan’s *The Local Authority of Freedom of Information and Protection of Privacy Act (FIOPPA)* provides you some rights with respect to your personal information which you are encouraged to review.

FURTHER TO THE ABOVE, I, _____, the Applicant herein for Citizenship with the Métis Nation – Saskatchewan (MN-S), hereby authorize MN-S and consent to the usage, storage, sharing, and release of my personal information as described herein 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.

Signed on _____ Signature of _____
Date: _____ Applicant: _____
(YYYY/MM/DD)

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 Applicant, _____ being a minor child, I am submitting this application for Citizenship with Métis Nation-Saskatchewan (MN-S) on behalf of the Applicant and I do hereby authorize MN-S and consent to the usage, storage, sharing, and release of the said minor child’s personal information as described herein 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/ _____ Parent/ _____
Legal Guardian: _____ Legal Guardian: _____ Date: _____
(Print Name) (Signature) (YYYY/MM/DD)



AUTHORIZATION FORM

Eligible Person (Applicant)

Last Name _____ Given Name(s) _____

Relationship to Person Named on Copy Requested (i.e. myself, parent, spouse, etc)

Street Address _____

City _____ Province _____

Postal Code _____ Phone Number _____

Authorized Individual (i.e. Metis Nation Saskatchewan)

Last Name _____ Given Name(s) _____

Organization Name _____

Street Address _____

City _____ Province _____

Postal Code _____ Phone Number _____

I hereby waive, for the purpose of such document, any privilege I may have regarding privacy of information and release and discharge eHealth Saskatchewan to whom this release may be directed of all claims for any damages I may sustain resulting from any such report given to the above-named party.

I further declare that a photocopy of this authorization shall be of the same force and effect as an original signed copy.

Date _____

Signature of Eligible Person _____

The Metis Nation – Saskatchewan Provincial Citizenship Registry (MNS-R) can access Vital Statistics Record information for births, marriages, and legal name changes directly from eHealth, effective September 15, 2020.

If you will require records to show a name change to complete your application with the MNS-R please complete the following page. If you already have some or all the records needed to show any changes from your birth name to your current legal name, you can submit copies, with or after you submit your application.

If a name change was due to adoption, documentation to show the name change would need to be requested by the applicant to Post-Adoption Services, from the province they were adopted in, not the province they were adopted from. They should request their Adoption Papers and their Long Form Birth Certificate.

Please indicate the reason/event for the name change.

Event 1:

- Marriage
- Legal Name Change

Date _____
Location _____
Spouse _____
Name at event _____
Name after event _____

Event 2:

- Marriage
- Legal Name Change

Date _____
Location _____
Spouse _____
Name at event _____
Name after event _____

Event 3:

- Marriage
- Legal Name Change

Date _____
Location _____
Spouse _____
Name at event _____
Name after event _____

Event 4:

- Marriage
- Legal Name Change

Date _____
Location _____
Spouse _____
Name at event _____
Name after event _____

Additional Information

Please note that the Metis Nation- Saskatchewan Provincial Citizenship Registry is only accessing records needed for the purpose of completing the application process. These are restricted records and not available to any person or organization outside of the MNS-R.

This does not increase processing time for an application.



- Please put a (*) beside your Métis ancestor's names.
- Use the maiden/birth name of your ancestor's, if known.

Applicant's Name:

b
b.p

- b = Date of Birth
- b.p = Place of Birth
- m = Date of Marriage
- m.p = Marriage Place
- d = Date of Death
- d.p = Death Place
- c.# = Citizenship Number

1
Your Métis Parent's Name
b
b.p
m
m.p
d
d.p
c.#

Other information that may be helpful:

2
Grandfather's Name
b
b.p
m
m.p
d
d.p
c.#
3
Grandmother (Maiden Name)
b
b.p
d
d.p
c.#

4
Great Grandfather
b.
b.p
m
m.p
d
d.p
5
Great Grandmother
b
b.p
d
d.p
6
Great Grandfather
b
b.p
m
m.p
d
d.p
7
Great Grandmother
b
b.p
d
d.p

8	
2nd Great Grandfather	16
b	
m	17
d	
9	
2nd Great Grandmother	18
b	
d	19
10	
2nd Great Grandfather	20
b	
m	21
d	
11	
2nd Great Grandmother	22
b	
d	23
12	
2nd Great Grandfather	24
b	
m	25
d	
13	
2nd Great Grandmother	26
b	
d	27
14	
2nd Great Grandfather	28
b	
m	29
d	
15	
2nd Great Grandmother	30
b	
d	31

I connect to a relative already registered with the MN-S Registry:(Optional)

- 1.
- 2.

Their: Name Citizenship # or Date of Birth How you are related (ex. mother's niece)