

## Métis Nation—Saskatchewan Change of Address Form

FULL NAME:			
DATE OF BIRTH:/	/ MN-S CITIZENSHIP #: _		
EMAIL:			
PRIMARY PHONE:	SECONDARY PHONE:		
CURRENT (NEW) MAILING ADDRES			
CITY/TOWN:	PROVINCE: SK PO	STAL CO	DE:
Effective Date:			
PREVIOUS MAILING ADDRESS:			
CITY/TOWN:	PROVINCE: SK POST	AL CODE:	
Names of Minor Children Needing Add	ress Updated:		
FULL NAME OF CHILD:	DATE OF BIRTH:	1	1
			/
FULL NAME OF CHILD:	DATE OF BIRTH:	/	
FULL NAME OF CHILD:	DATE OF BIRTH:	/	/
FULL NAME OF CHILD:  FULL NAME OF CHILD:  FULL NAME OF CHILD:  By filling out and signing this form y required by the MN—S Registry from no Individual Citizenship Application, available.	DATE OF BIRTH:  DATE OF BIRTH:  Ou are agreeing to the same policiely applicants for Métis Citizenship (the same policiely).	/ / es, conse	/ / nts, and permiss