

## Métis Nation–Saskatchewan

□ Reverting to Maiden Name

Gender Marker Change

□ Other:

Card Replacement: Name or Gender Change

## I require a replacement of my Métis Citizenship Card:

- (Please Select Reason)
  - □ Legal Name Change
  - □ Marriage
  - □ Adoption
  - □ Include Middle Name

## Document(s) to submit:

· · ·	
Update Reason	Document Required
Legal name Change	Confirmation paperwork of legal name change
Marriage	_Marriage Certificate <u>or</u> Confirmation paperwork of legal name change
Adopted	_Adoption papers showing name change
Gender Change	Documentation confirming gender change or updated Birth Certificate
Other	_Documentation showing change, please enquire for options
Marriage Adopted Gender Change	Marriage Certificate <u>or</u> Confirmation paperwork of legal name change Adoption papers showing name change Documentation confirming gender change or updated Birth Certificate

## All Name/Gender Changes require copies of valid Saskatchewan Health Card and valid Government Issued Photo ID with noted change.

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 metisnationsk.com).

PREVIOUS SURNAME:GENDER:MARITAL STATUS: MAILING ADDRESS:CITY:
MAILING ADDRESS: CITY:   PROVINCE: SK_POSTAL CODE: PHYSICAL ADDRESS:   (If different from mailing)   PRIMARY PHONE: SECONDARY PHONE:   EMAIL: DATE OF BIRTH: /   YYYY MM DD
MAILING ADDRESS: CITY:   PROVINCE: SK_POSTAL CODE: PHYSICAL ADDRESS:   (If different from mailing)   PRIMARY PHONE: SECONDARY PHONE:   EMAIL: DATE OF BIRTH: /   YYYY MM DD
PROVINCE: SK_POSTAL CODE: PHYSICAL ADDRESS:   (If different from mailing)   PRIMARY PHONE: SECONDARY PHONE:   EMAIL: DATE OF BIRTH: /   YYYY MM DD
PRIMARY PHONE:   SECONDARY PHONE:     EMAIL:   DATE OF BIRTH:   /   /     YYYY   MM   DD
EMAIL:DATE OF BIRTH: / / /
CURRENT HEIGHT (0'0"):EYE COLOR:MÉTIS LOCAL:
APPLYING FOR FUNDING? IF SO, FOR:
PHOTO TAKEN: (YES/NO)IF YES, DATE:MN-S CITIZENSHIP #:
SUBMITTING COPIES OF YOUR ID?