



Application for Enrollment

Adult (19 years and older)

7825 Mission Road
Cranbrook, B.C.
V1C 7E5
250-417-4022

All questions must be answered in order to process application.

a. I am applying on my own behalf.

b. I am applying on behalf of _____, an adult whose affairs I have the legal authority to manage.
Name of Individual to be Enrolled

If you are applying under category b, please provide your name and contact information.

Name: _____

Address: _____

Phone Number: _____

Circle the category under which you are requesting enrollment.

a) Ktunaxanintik (Ktunaxa Citizen)

b) ƛakƛak ʔaqʂmaknik (Other Ktunaxa Citizen)

Enrollee Information

Individual's Name: _____ Gender: M F X
First Middle Last

Other Names Used* _____

Mailing Address: _____
Street Address or Box Number

City Province/Territory/State Postal Code/ZIP Code

Home Phone: (_____) _____ Alternate/Cell Phone: (_____) _____

Date of Birth: _____ Email: _____
Day Month Year

Status Number # _____
If applicable

*Other names may include Ktunaxa Name, maiden name, alias or biological name prior to adoption



Application for Enrollment Proof and Declaration

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Provide verification of identity by either:

- i) presenting two pieces of personal identification (one must be a photo ID), to the Registrar in person; or
- ii) make arrangements with the Registrar to have your identity verified through a video application such as facetime; or
- iii) provide two copies of personal identification (one must be a photo ID), with your application and mail to the attention of the Ktunaxa Citizen Registrar.

Attached genealogy forms must be completed as part of this application process. If you do not have enough information to complete genealogy form, please contact the Registrar.

Additional information may be requested to assist enrollment board in determining eligibility.

I understand the content of this application. I declare that the information provided in this application is true, accurate and complete.

Signature of Applicant

Date

Witness to Signature

Date

If any statements are proven to be misleading or false, penalties may include delay in processing application or denial of enrollment.

FOR OFFICE USE:

Citizenship Enrollment # _____

Date Received: _____ Identification Verified: ___ Application is: Complete _____ Incomplete: ___

Registrar Approval _____

By submitting this application, please be advised that Personal information contained on this form is collected under the *Personal Information Protection Act* and will be used only for the purpose of responding to your enrollment application. If you have any questions about the collection, use or disclosure of this information, please call Citizenship Registrar at 250-489-2464 ext. 4063.

Enrollment Application adopted at the Citizen and Enrollment board September 16, 2019