



Application for Enrollment

Minor Child (18years and under)

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

I, _____, am applying for enrollment on behalf of a minor child.
First Middle Last Name
 My relationship to this child is: _____.

Please provide **your** contact information in the following Section:

Applicant Contact Information

Mailing Address: _____
Street Address or Box Number

City Province/Territory/State Postal Code/ZIP Code
 Home Phone: (_____) _____ Alternate/Cell Phone: (_____) _____
 Email: _____

Circle the enrolment category applicable to the child:

- a) **Ktunaxaniñtik (Ktunaxa Citizen)**
- b) **łakłak ʔaqłsmaknił (Other Ktunaxa Citizen)**

Contact 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 # _____ Member of the Metis Nation: ____YES ____NO
If applicable

*other names may include Ktunaxa name, maiden name, alias, biological name or 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 Identified: _____ Application is: Complete ___ Incomplete: ___

Registrar Approval _____