



APPLICATION FOR CERTIFICATE OF INDIAN STATUS (CIS)

<p>Privacy Act Statement: The information you provide on this document is collected under the authority of the <i>Indian Act</i> for the purposes of issuing a Certificate of Indian Status and will be stored in personal information bank number INA/P-PU-110. Personal information that you provide is protected under the provisions of the <i>Privacy Act</i>.</p>	<p>For IRA Use Only <u>CIS Certificate Number</u></p>
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Reason for Application (Select ONE option)	
First CIS	Renewal
Replacement (lost, stolen, damaged CIS)	Replacement (changes to personal information)

Information on Person to be Issued a CIS			
Family Name		Given Name(s)	
Alias (if applicable)	Sex	Date of Birth (YYYYMMDD)	
Registration Number (10 digits)	First Nation/Band Name		

Has the applicant been previously issued an SCIS?	
No	Yes If yes, SCIS serial #: _____
Previous CIS#	Issue Date of Previous CIS (YYYYMMDD)

Parent/Legal Guardian Information (Complete this section ONLY if applying for a child or dependent adult)	
Print name	Relationship to child/dependent adult (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify): _____

- ▶ If there are separation agreements, court orders or legal proceedings pertaining to the custody of the child, include the most recent photocopies of all legal documents.
- ▶ If applying for a dependent adult, include a photocopy of the Order of Guardianship

Declaration and Signature		
I have read the <i>Privacy Act</i> Statement above. I willingly provide my signature and photo for recording on the Certificate of Indian Status and I certify the accuracy of the information I have provided in this application		
Signature x	Telephone Number ()	Date (YYYYMMDD)

Documents Produced to Verify Identity	*For IRA Office Use Only*								
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Indian Status <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Provincial Health <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Provincial ID <input type="checkbox"/> Employee ID <input type="checkbox"/> Student ID <input type="checkbox"/> Firearms Licence <input type="checkbox"/> Guarantor Declaration(s) x _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Issued by (Name of IRA):</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">Issued at Band#:</td> <td></td> </tr> <tr> <td style="padding: 5px;">First Nation/ Band Name:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Date Issued:</td> <td></td> </tr> </table>	Issued by (Name of IRA):		Issued at Band#:		First Nation/ Band Name:		Date Issued:	
Issued by (Name of IRA):									
Issued at Band#:									
First Nation/ Band Name:									
Date Issued:									
If application is for a minor, please indicate if ID is for child (C), parent (P), or guardian (G)									