

IMPORTANT NOTE

If you have previously submitted an application to your community leader, then it is not necessary to complete a new application. However, if your address has changed since you submitted your application, please submit the Change of Address notification attached to this form.

Application for Enrolment as an Algonquin Elector

- Instructions for completing this application are attached.
- Please print in block (SAMPLE) letters using black or blue ink.
- You must be 18 years of age or older to complete this application.

1**Personal Information**

Last Name

First Name

Middle Name (s)

Maiden Name (if applicable)

Surname at Birth (if different than your current surname)

Date of Birth (day/month/yr)

Place of Birth

City/Town

Province

Country

Postal Code

 Sex Female
 Male

Marital Status

 Single Common Law Married Separated Divorced Widowed

Permanent Address

Number Street

Apartment

City

Province/Territory

Postal Code

Mailing Address (if different from above)

Number Street

Apartment

City

Province/Territory

Postal Code

Home Telephone Number
()Work Telephone Number
()Fax Number (optional)
()

E-Mail Address (optional)

2**Spouse's Personal Information**

Important: Your spouse must complete a separate application in order to be enrolled.

Spouse's Full Name (if applicable)

Last Name

First Name

Middle Name(s)

Date of Birth (day/month/year)

Place of Birth

City/Town

Province

Country

Date of Marriage (day/month/year)

Place of Marriage

City/Town

Province

Country

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Membership Information

IMPORTANT: If you are a status Indian, please attach a photocopy of both sides of your status card.

Applicant - (Place an x in the appropriate boxes)

- 1. Non-Registered/Non-Status
- 2. Registered/Status Indian
- 3. Recognized Band Member

Band Name: _____

Province : _____

Spouse - (Place an x in the appropriate boxes)

- 1. Non-Registered/Non-Status
- 2. Registered/Status Indian
- 3. Recognized Band Member

Band Name: _____

Province : _____

Please see item #2 on page 2 of the "Instructions" for important information on definitions.

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Representation

Please indicate which community of Algonquins you are affiliated with: (see below)

- | | |
|--|---|
| <input type="checkbox"/> Sharbot Lake | <input type="checkbox"/> Antoine |
| <input type="checkbox"/> Mattawa/North Bay | <input type="checkbox"/> Bonnechere |
| <input type="checkbox"/> Greater Golden Lake | <input type="checkbox"/> Bancroft |
| <input type="checkbox"/> Ardoch | <input type="checkbox"/> Whitney |
| | <input type="checkbox"/> Other (please specify) _____ |

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Family Information

Important: Children who are 18 years and older should complete a separate application.

Names of your Children	Date of Birth (day/month/year)	Place of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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Ancestry

IMPORTANT: Please complete ancestry chart(s) attached to this application (pages 4 & 5)

If known, please indicate the name(s) of the person(s) on Schedule "A" who is your ancestor.

1. _____ 3. _____
 2. _____ 4. _____

Please indicate which supporting documents you have attached to this application: (You must include originals for official documents)

<input type="checkbox"/> Extended Birth Certificate	<input type="checkbox"/> Statutory Declaration	<input type="checkbox"/> Adoption Record
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Affidavits	<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Marriage Record	<input type="checkbox"/> Census Records	<input type="checkbox"/> Separation Papers
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Military Records	<input type="checkbox"/> Other Documents (Please specify): _____
<input type="checkbox"/> Status card (both sides)	<input type="checkbox"/> Legal change of name	

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Authorization

I hereby authorize the Enrolment Officer to contact persons and/or organizations named in this form and its attachments, or as they require to verify information for the purpose of evaluating my application for enrolment

I hereby declare that the information is accurate and true to the best of my knowledge.

(Applicant's Signature)

Date Signed: (day/month/year)

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For Office Use Only (DO NOT write in this space)

Date R'cd: _____ Date app. postmarked: _____
 Application # _____ Manual File ID: _____

DECLARATION OF REPRESENTATION

(This form is for the sole use of Enrolled or Status Algonquins)

I, _____ do hereby declare that I am of Algonquin/Nipissing descent.

My date of birth is _____
(month, day, year)

My maiden name is _____
(if applicable)

My children under the age of 18 are as follows:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please indicate the name of your spouse _____
(maiden name if applicable)

For the purpose of being represented in the Algonquin Land Claim Negotiation process, let it be known that the above named wish to be represented by:

(Please check one only)

___ Antoine

___ Ardoch

___ Bancroft

___ Bonnechere

___ Greater Golden Lake

___ Mattawa/North Bay

___ Ottawa

___ Pikwakanagan

___ Sharbot Lake

___ Whitney

Name _____

Address _____

Phone # _____ Fax # _____

E-Mail _____

Signature _____ Date _____

(This form supersedes any representation form that may have been previously signed.)