



**PARENTAL CONSENT FOR REGISTRATION  
OF A MINOR UNDER THE *INDIAN ACT***

We, \_\_\_\_\_ Date of birth \_\_\_\_\_  
Mother's full name (YYYY/MM/DD)  
 Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_  
 and \_\_\_\_\_ Date of birth \_\_\_\_\_  
Father's full name (YYYY/MM/DD)  
 Band Name \_\_\_\_\_ Registry No. \_\_\_\_\_  
 wish our child: \_\_\_\_\_  
Surname Given Name(s)  
 born on: \_\_\_\_\_ Gender: \_\_\_\_\_  
(YYYY/MM/DD) (Male or Female)

**Please select ONE box per question:**

1. To be registered with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
2. Is the child adopted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Child resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
4. Mother resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
5. Father resides:	<input type="checkbox"/> On own reserve	<input type="checkbox"/> On other reserve	<input type="checkbox"/> Off reserve
6. The child is in custody of:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both Parents
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Ministry of Children and Family Development	

**Please note: Should the child be in custody of a guardian or if one parent has sole custody, please attach a copy of the court order.**

X \_\_\_\_\_  
Mother's signature  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
Address  
 ( ) \_\_\_\_\_  
Telephone  
 \_\_\_\_\_  
Date

X \_\_\_\_\_  
Father's signature  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
Address  
 ( ) \_\_\_\_\_  
Telephone  
 \_\_\_\_\_  
Date

**★Please use ink pen and print clearly★**  
**★★Any errors with amendments must be initialed by all who signed★★**  
**★★★ A COPY OF A LONG FORM BIRTH CERTIFICATE MUST BE ATTACHED ★★★**