



GUIDELINES FOR COMPLETION OF APPLICATION

The information you provide in this document is collected for the purpose of registration and any information you provide is protected under the provisions of the Citizenship Act.

Any Person may apply to register by completing the Citizenship Application Form, and by attaching any of the information as set out in the Citizenship Act as that information is what will verify proof of Métis ancestry.

If the CUMFI President accepts the application, a Métis Citizenship Card will be issued. The card remain the property of CUMFI and must returned if requested by the President.

A combination of at least **Five** of the following documents **MUST** accompany the Citizenship Application Form to be considered a complete application.

- ❖ **Census Records**
- ❖ **Archival Records**
- ❖ **Church Records**
- ❖ **Historic Records**
- ❖ **Oral Testimony (Transcribed)**
- ❖ **Genealogical Information**
- ❖ **Birth Certificate**
- ❖ **SGL Photo Identification**

Please Note: Your application will be returned if not accompanied by the required documents.

IMPORTANT

Please note that the **Genealogical** Information is **mandatory** for the completion of the application.



Central Urban Métis Federation Inc.

Local 165

315 Ave M South

Saskatoon, SK S7M 2K5

(306) 097-9999

Local President : Shirley Isbister

Membership Application Form

Name : _____
Last First Middle

Address: _____

City: _____ Postal Code: _____

Telephone #: _____

Email Address: _____

Birth Date: _____ / _____ / _____ Place of Birth: _____
Month Day Year

Name of Birth Parents: Father: _____

Mother: (Maiden Name) _____

Name of Spouse: _____

Children: (15 years of age and under)

1. _____ 2. _____

3. _____ 4. _____

Please make sure and fill out the Genealogy Chart attached IN FULL

CUMFI is looking for people to join our team of volunteers to help plan, organize and participate in community events and fundraising activities . If you would like to volunteer, please fill out the Volunteer Application Form located on the back of this package.

Declaration:

I declare that all information provided in this application and in documents submitted is true and correct

Date of Application: _____ / _____ / _____
Month Day Year

Signature of Applicant: _____ Signature of President: _____

Oath of Allegiance

I make a statutory declaration that I am a Métis within the meaning of the Constitution of the Métis Nation Saskatchewan . I swear that all the information provided by me is true and I pledge to honor the Constitution and Legislation, and follow the rules and regulations established by the Métis Nation Saskatchewan as amended from time to time.

Please do not sign this part of application a Commissioner of Oaths from our office will sign with applicant once approved.

Signature of Applicant _____

Date: _____ / _____ / _____

Look over the checklist to make sure you haven't forgotten anything.

- * Application filled out **IN FULL**
- * Genealogy chart filled out **IN FULL**
- * Citizenship form filled out **IN FULL**
- * SGI issued phot ID (Drivers Licensee)
 - * Birth Certificate
 - * \$3.00 fee for card

CUMFI Local Membership # _____

GENEALOGY CHART FOR REGISTRATION IN MÉTIS NATION - SASKATCHEWAN

Complete Chart in Full!

Last _____ First _____ Initial _____
Father's Name
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

PLEASE PRINT

Last _____ First _____ Initial _____
Applicant's Name
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____

Last (Maiden) _____ First _____ Initial _____
Mother's Name
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Paternal Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Paternal Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Maternal Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Maternal Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Paternal Great Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Paternal Great Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Maternal Great Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last _____ First _____ Initial _____
Maternal Great Grandfather
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Paternal Great Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Paternal Great Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Maternal Great Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Last (Maiden) _____ First _____ Initial _____
Maternal Great Grandmother
 DOB _____ / _____ / _____
 Day Month Year
 POB _____ City _____ Province _____
 DOD _____ / _____ / _____
 Day Month Year

Your Grandfather's Father

Your Grandmother's Father

Your Grandfather's Father

Your Grandmother's Father

Your Grandfather's Mother

Your Grandmother's Mother

Your Grandfather's Mother

Your Grandmother's Mother

Indicate where Métis ancestry begins!

CITIZENSHIP APPLICATION FORM

1. NAME

NAME TO APPEAR ON CITIZENSHIP CARD

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORMER SURNAME(S)

Surname at Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Former Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. PERSONAL INFORMATION

Date of Birth

Place of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender

Marital Status

Date of Marriage

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Spouse

--

NAME(S) OF CHILDREN

Surname

First Name

Date of Birth

Place of Birth

Gender

Surname	First Name	Date of Birth	Place of Birth	Gender

Saskatchewan Health Card Number

--	--	--	--	--	--	--	--	--	--

NAME OF MOTHER AND FATHER

Surname

First Name

Date of Birth

Place of Birth

PERMANENT ADDRESS

Street Number and Name/PO Box No.

City and Province

Postal Code

--	--	--	--	--	--	--	--

Telephone Number

Occupation

()	
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