



GUIDELINES FOR COMPLETION OF CUMFI 165 LOCAL APPLICATION

The information you provide on 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 Metis ancestry.

If the CUMFI President accepts the application, a CUMFI Local 165 membership card will be issued.

A combination of at least **Five** of the following documents **Must** accompany the CUMFI 165 Local Application to be considered a complete application.

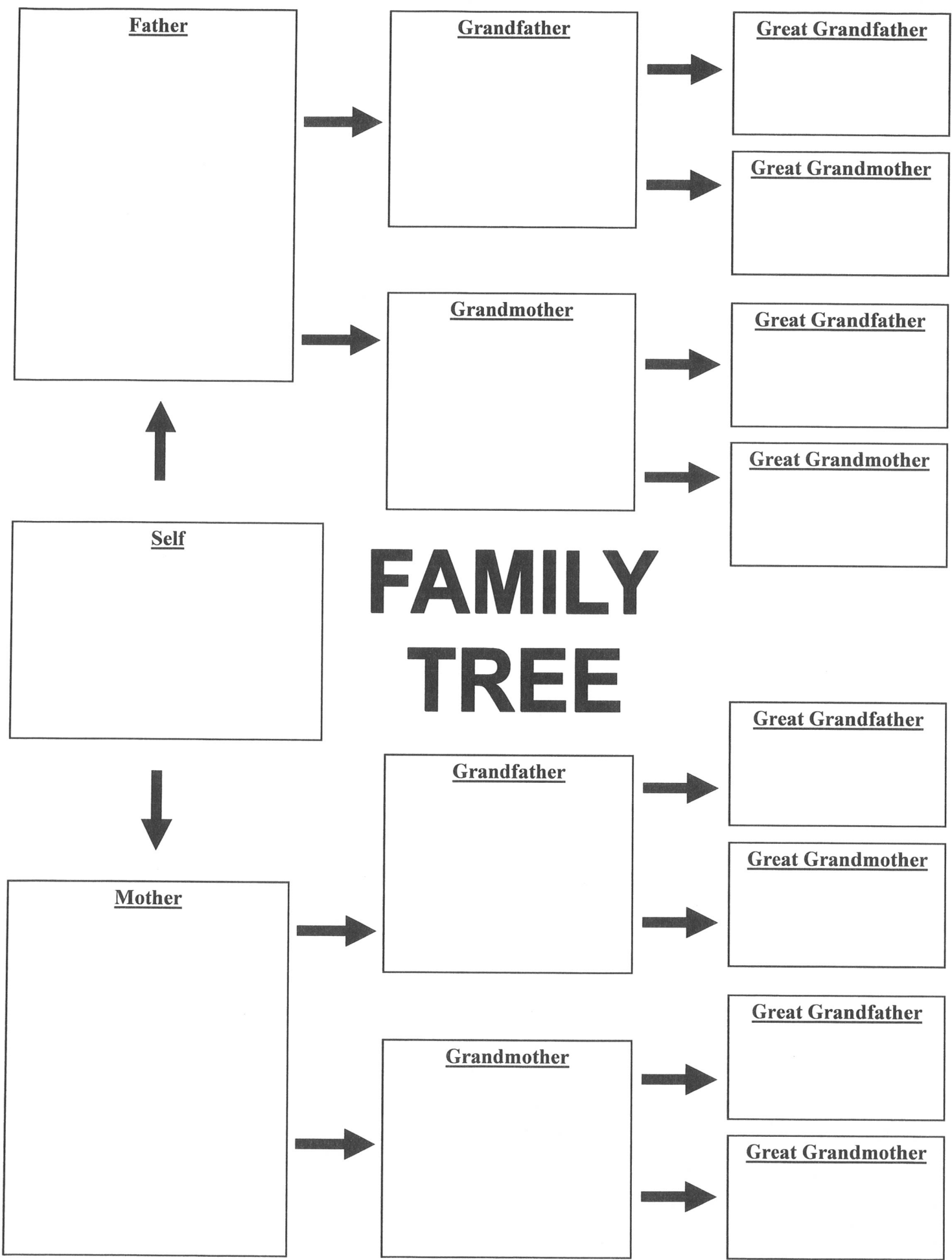
A combination of any of the following documents must accompany the Citizenship Application Form to be considered a complete application:

- ❖ Census Records
- ❖ Archival Records
- ❖ Church Records
- ❖ Historic Records
- ❖ Oral Testimony (Transcribed)
- ❖ Genealogical Information
- ❖ Government Records (Long Birth Form)
- ❖ Community Records

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.



Father

Grandfather

Great Grandfather

Great Grandmother

Grandmother

Great Grandfather

Great Grandmother

Self

FAMILY TREE

Great Grandfather

Grandfather

Great Grandmother

Mother

Grandmother

Great Grandfather

Great Grandmother

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

Indicate where Métis ancestry begins!

Your Grandmother's Father

Your Grandmother's Mother

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

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Telephone Number

Occupation

()					
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3. MÉTIS LOCAL INFORMATION

Local Name	Local Number	Address of Local
Length of Residency in Region	If Moved, Date of Residency	

4. COMMUNITY ACCEPTANCE

Name of Local President	Name of Regional Director		
Signature of Local President	Date of Signature	Signature of Regional Director	Date of Signature

5. 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 or date** this portion of application.

Applicant's Signature (or Parent of Applicant)	Date of Signature
Witness' Signature	Date of Signature

6. REGISTRY OFFICE: OFFICE USE ONLY

Date Application Received	Attached Supporting Documents Checklist																																																																																																																																																																													
Application Complete yes / no	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Census Records</td> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> <tr> <td>Archival Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Church Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Historic Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Oral Testimony (Transcribed)</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Rejected yes / no</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Genealogical Information</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Government Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Community Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> </td> </tr> <tr> <td>Date of Processing</td> <td>Community Records</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Notes</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td></td> </tr> </table>	Census Records																			Archival Records																				Church Records																				Historic Records																				Oral Testimony (Transcribed)																				Rejected yes / no	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Genealogical Information</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Government Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Community Records</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Genealogical Information																				Government Records																				Community Records																				Date of Processing	Community Records	Notes									
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Signature of Registrar	Date of Signature
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