

RETURN THIS FORM TO:

SANDI REVIKIN, I.R.A.
KISPIOX BAND COUNCIL
1336 KISPIOX VALLEY ROAD
KISPIOX, B.C., VOJ 1Y4

IF YOU HAVE ANY QUESTIONS PLEASE CALL:

842 – 5248 / 5249 EXT 234 OR

OUR TOLL FREE NUMBER: 1 – 877 – 842 - 5911

PARENTAL CONSENT FOR REGISTRATION STATEMENT OF BAND AFFILIATION

We, _____ **D.O.B.** _____
Mother's full name Birthdate (YYYY/MM/DD)

Band Name: _____ **Registry Number** _____

And _____ **D.O.B.** _____
Father's full name Birthdate (YYYY/MM/DD)

Band Name: _____ **Registry Number** _____

Wish our child: _____
Given name Middle name Surname

Born: _____ **Gender:** _____
Birthdate (YYYY/MM/DD) Male/Female

To be registered with: Mother Father
Is the child adopted? Yes No

****If the child is adopted please attach a copy of the adoption order.**

Child resides: On own reserve On other reserve Off reserve

Mother resides: On own reserve On other reserve Off reserve

Father resides: On own reserve On other reserve Off reserve

The child is in the custody of: Mother Father Both Parents
 Legal Guardian Ministry of Children & Family Development

The original large birth certificate that states parents' names must be attached.Please note: Should the child be in the custody of a guardian or if one parent has sole custody, please attach a copy of the court order.**

Mother's signature

Father's signature

Address

Address – if different from mothers

Telephone

Telephone

Date

Date

*****Please use ink pen and print clearly – any errors with amendments must be initialed by all who sign.*****