

Office use only

Approved by: _____ Date: _____ # _____

Genealogical/Ancestry Information _____



Indian Head FirstNation, Inc.

P.O. Box 182, PO Main, Stephenville , NL, A2N 2Y9

Email: membership.ihfn@gmail.com **Telephone:** (709)643-4454

Membership Application

Surname: _____ **Maiden Name(if applicable):** _____

Registered Names: _____

Mailing Address: _____ **Postal Code:** _____

Town: _____ **Phone:** _____ **Email:** _____

Date of Birth: _____ **Place of Birth:** _____

Children under the age of 16 who are applying with me, (please attach birth certificate

1. **Name:** _____ . **Date of Birth:** _____
2. **Name:** _____ . **Date of Birth:** _____
3. **Name:** _____ . **Date of Birth:** _____
4. **Name:** _____ . **Date of Birth:** _____

I make the declaration that:

- I am an Indigenous person as confirmed within Section 35 of the Constitution of Canada 1982. In accordance with this Act “Aboriginal Peoples of Canada” are the Indian, Inuit and Métis peoples of Canada.
- I am _____ **Status/** _____ **Non-Status**
- **(If you are status, please attach a copy of your SCIS card to your application)**
- I have provided all the necessary documentation to prove my Indigenous Ancestry.

******Please attach ancestral chart and supporting documents******

Please provide first and last names and use women's maiden names where applicable.

(ONLY ONE PARENT'S INFORMATION IS REQUIRED TO PROVE YOUR LINEAGE)

Mother's Ancestors

Mother _____ . Date of Birth _____

Mother's Mother _____ . Date of Birth _____

Mother's Father _____ . Date of Birth _____

OR

Father's Ancestors

Father _____ Date of Birth _____

Father's Mother _____ Date of Birth _____

Father's Father _____ Date of Birth _____

Please provide documentation with your application.

Membership is granted to any applicant that provided a copy of their SCIS (Secure Certificate of Indian Status card) or the necessary documentation for proof of Indigenous Ancestry.

- A photocopy of your long-form birth certificate, showing parent(s) names.
- A photocopy of your parent(s) and grandparent(s) birth or baptismal certificates, and marriage certificates if name was changed through marriage.
 - NOTE : This needs to be only the documentation that is used for showing your Indigenous ancestry.
- Any additional ancestral records/information you can include would be helpful.

I declare that all information provided by me in this application is true and correct.

Applicant Signature: _____ **Date:** _____

Membership fees of \$20.00 for ALL members to cover the application processing and membership card fees. This is a one-time fee. This can be paid in cash, by cheque or by email to ihfn.office@gmail.com .

I will be paying my one time registration fee of (**\$20 per applicant**) through:

Cash Cheque E-Transfer

Completed Applications MUST be SIGNED and RETURNED to ADDRESS on Application.