



APPLICATION COVER SHEET – EVENT / AMENDMENT

| Individual's Name (Surname, Given name) | | IRA's / Employee's name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--|--------------------------|--|--|----------|------|-------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|-----|-----|-------------|--------------------------|--------------------------|--------------------------|
| Registration number (if already registered) : | | Band number : B 0 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: <input type="checkbox"/> See Application Form <input type="checkbox"/> Already in the IRS (Pre-Entry) OR <input type="checkbox"/> Use the following address: Telephone : _____ | | Correspondence : <input type="checkbox"/> French <input type="checkbox"/> English Proof of Birth Document: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Original</th> <th>Copy</th> <th>(INAC use) Certified</th> </tr> </thead> <tbody> <tr> <td>Birth Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vital Statistic birth document at the Regional Office <input type="checkbox"/></td> <td>S/O</td> <td>S/O</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Proof of Birth Document already in the IRS</td> <td>S/O</td> <td><input type="checkbox"/></td> <td>S/O</td> </tr> <tr> <td>Baptismal certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> | | | | Original | Copy | (INAC use) Certified | Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vital Statistic birth document at the Regional Office <input type="checkbox"/> | S/O | S/O | <input type="checkbox"/> | Proof of Birth Document already in the IRS | S/O | <input type="checkbox"/> | S/O | Baptismal certificate | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Original | Copy | (INAC use) Certified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vital Statistic birth document at the Regional Office <input type="checkbox"/> | S/O | S/O | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Birth Document already in the IRS | S/O | <input type="checkbox"/> | S/O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baptismal certificate | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type: (Check one (1) box only) | | Support Documents (not expired): <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Original</th> <th>Copy</th> <th>(INAC use) Certified</th> </tr> </thead> <tbody> <tr> <td>Identity document(s):</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Driver's licence</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Health card</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CIS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCIS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Passport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other(s) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guarantor Declaration</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Statut. Declaration in Lieu of Guarantor</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Court Order</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Statutory Declaration(s) <input type="checkbox"/> 1x <input type="checkbox"/> 2x</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Band Council Resolution (BCR) <input type="checkbox"/> 1x <input type="checkbox"/> 2x</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Marriage Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Divorce Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Death Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Legal Change of Name Document</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Specimen Signature</td> <td><input type="checkbox"/></td> <td>S/O</td> <td>S/O</td> </tr> <tr> <td>Other _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Original | Copy | (INAC use) Certified | Identity document(s): | | | | Driver's licence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Passport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guarantor Declaration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statut. Declaration in Lieu of Guarantor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Court Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statutory Declaration(s) <input type="checkbox"/> 1x <input type="checkbox"/> 2x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Band Council Resolution (BCR) <input type="checkbox"/> 1x <input type="checkbox"/> 2x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Death Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Change of Name Document | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specimen Signature | <input type="checkbox"/> | S/O | S/O | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Original | Copy | (INAC use) Certified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identity document(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's licence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guarantor Declaration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statut. Declaration in Lieu of Guarantor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Court Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statutory Declaration(s) <input type="checkbox"/> 1x <input type="checkbox"/> 2x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Band Council Resolution (BCR) <input type="checkbox"/> 1x <input type="checkbox"/> 2x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marriage Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Divorce Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Death Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Change of Name Document | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Signature | <input type="checkbox"/> | S/O | S/O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "Registration and SCIS " Application only: <input type="checkbox"/> Photos x <u> 2 </u> attached <input type="checkbox"/> Photos provided by the applicant <input type="checkbox"/> Photos taken on site Placed in an envelope stapled to this Application Cover Sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Follow-up of an incomplete application <input type="checkbox"/> Family member _____ of _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration - Eligibility: Parent #1 <input type="checkbox"/> 6(1) _____ <input type="checkbox"/> 6(2) Parent #2 <input type="checkbox"/> 6(1) _____ <input type="checkbox"/> 6(2) <input type="checkbox"/> Non-Indian <input type="checkbox"/> Not Stated Child : <input type="checkbox"/> 6(1)f <input type="checkbox"/> 6(2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remarks / Notes:

INAC use only / Analysed and verified by the Regional Office

| | | |
|--|--|---|
| Journal No. _____ | <input type="checkbox"/> Vital Statistics Register checked <input type="checkbox"/> S/O | Originals sent to Compliance Unit (HQ) on: _____ <input type="checkbox"/> S/O Originals returned by: _____ <input type="checkbox"/> S/O <input type="checkbox"/> to the client <input type="checkbox"/> to the IRA Date : _____ Application forwarded to <input type="checkbox"/> Winnipeg (S-3) <input type="checkbox"/> Headquarters (HQ) |
| <input type="checkbox"/> Pre-entry at INAC by: | <input type="checkbox"/> Complete / Approved | |

| | | | | |
|--|--|--|--|---------------------------------------|
| Incomplete Application: ● Missing Signature(s): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guarantor/Photo <input type="checkbox"/> Guarantor /ID ● Missing / Incomplete Form(s): <input type="checkbox"/> Application <input type="checkbox"/> Identity Document <input type="checkbox"/> Guarantor Decl. <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce Certificate <input type="checkbox"/> Band Choice <input type="checkbox"/> Other(s) _____ | Received <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ● Missing Originals: <input type="checkbox"/> Proof of Birth Document <input type="checkbox"/> Application Form <input type="checkbox"/> Marriage Certificate when required <input type="checkbox"/> Guarantor Declaration or Stat. Declaration in Lieu of Guarantor <input type="checkbox"/> Band Council Resolution <input type="checkbox"/> Missing Photos | Received <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Date received (stamp): |
|--|--|--|--|---------------------------------------|