



NOTIFICATION OF DECEASED MEMBER

INFORMATION ON THE DECEASED

Notification Regarding:

_____/_____/_____
Surname **Given Name** **Middle Name(s)** **Sex**

Birth Date: ____/____/____ Date of Death: ____/____/____
Day Month Year Day Month Year

MNS Local: _____ MNS Registry #: _____

Date to be removed from MNS Membership / Local Listing: ____/____/____
Day Month Year

APPLICANT INFORMATION

_____/_____/_____
Last First Initial

Relationship to Deceased: _____

Telephone: (____) _____

Address: _____
Number Street

_____/_____/_____
City Province Postal Code

MNS Local _____

MNS Registry #: _____

_____/_____/_____
Last First Initial

Relationship to Deceased: _____

Telephone: (____) _____

Address: _____
Number Street

_____/_____/_____
City Province Postal Code

MNS Local _____

MNS Registry #: _____

DEATH CERTIFICATE

Is a copy of the Death Certificate attached? Yes No To Follow

Signature: _____ Signature: _____

Witness: _____ (____) Witness: _____ (____)
Sign Print Last Name Sign Print Last Name

Date: ____/____/____ Date: ____/____/____
Day Month Year Day Month Year

MNS Registrar: _____ Date: ____/____/____
Signature Day Month Year

MNS REGISTRAR: _____ (Print)



Office of the Registrar
Métis Nation – Saskatchewan

APPLICATION FOR REGISTRATION OF NEWBORN

This form to be used by parents who are already registered as members of the Métis Nation Saskatchewan.

We make this application as parent(s) or guardian(s) on behalf of our newborn child. We request that the applicant be registered as Metis as provided under the MNS Constitution and Citizenship Act.

Application on behalf of:

Surname

Given Name

Middle Name(s)

Sex

Birth Date:

Day / Month / Year

Place of Birth:

City/Town / Province

PARENTAL INFORMATION

Last First Initial

Mother

Telephone: ()

Address:

Number Street

City Province Postal Code

MNS Local

MNS Registry #:

Last First Initial

Father

Telephone: ()

Address:

Number Street

City Province Postal Code

MNS Local

MNS Registry #:

BIRTH CERTIFICATE

Is a copy of the Birth Certificate attached?

Yes

No

To Follow

Mother's Signature: _____

Father's Signature: _____

Witness: _____ ()

Witness: _____ ()

Sign Print Last Name

Sign

Print Last Name

Date: Day / Month / Year

Date: Day / Month / Year

MNS Registrar: _____
Signature

Date: Day / Month / Year

MNS REGISTRAR: _____ (Print)