



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 UNDER 16 YEARS OF AGE

Application on behalf of:

_____/_____/_____ / _____/_____/_____ / _____/_____/_____ / _____

Surname Given Name Middle Name(s) Sex

Birth Date: ____/____/____ Place of Birth: _____/_____/_____

Day Month Year City/Town Province

Child's Residence: _____/_____/_____ Registered with MNS Local: _____

City/Town Province

Name / Signature of Local President: (_____)

PARENTAL INFORMATION

_____/_____/_____	_____/_____/_____	_____/_____/_____
Last	First Mother	Initial
Date of Birth: ____/____/____		
<small>Day Month Year</small>		
MNS Local _____		
MNS Registry #: _____		

_____/_____/_____	_____/_____/_____	_____/_____/_____
Last	First Father	Initial
Date of Birth: ____/____/____		
<small>Day Month Year</small>		
MNS Local _____		
MNS Registry #: _____		

ADOPTED CHILD INFORMATION

Is this child adopted? Yes No

Are the birth parents of Metis Ancestry? Yes No

<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">_____/_____/_____</td> <td style="width: 33%; text-align: center;">_____/_____/_____</td> <td style="width: 33%; text-align: center;">_____/_____/_____</td> </tr> <tr> <td style="text-align: center;">Last</td> <td style="text-align: center;">First Birth Mother</td> <td style="text-align: center;">Initial</td> </tr> <tr> <td colspan="3">MNS Local _____</td> </tr> <tr> <td colspan="3">MNS Registry #: _____</td> </tr> <tr> <td colspan="3">Address: _____</td> </tr> <tr> <td style="text-align: center;"><small>Number</small></td> <td style="text-align: center;"><small>Street</small></td> <td></td> </tr> <tr> <td style="text-align: center;"><small>City</small></td> <td style="text-align: center;"><small>Province</small></td> <td style="text-align: center;"><small>Postal Code</small></td> </tr> </table>	_____/_____/_____	_____/_____/_____	_____/_____/_____	Last	First Birth Mother	Initial	MNS Local _____			MNS Registry #: _____			Address: _____			<small>Number</small>	<small>Street</small>		<small>City</small>	<small>Province</small>	<small>Postal Code</small>	<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">_____/_____/_____</td> <td style="width: 33%; text-align: center;">_____/_____/_____</td> <td style="width: 33%; text-align: center;">_____/_____/_____</td> </tr> <tr> <td style="text-align: center;">Last</td> <td style="text-align: center;">First Birth Father</td> <td style="text-align: center;">Initial</td> </tr> <tr> <td colspan="3">MNS Local _____</td> </tr> <tr> <td colspan="3">MNS Registry #: _____</td> </tr> <tr> <td colspan="3">Address: _____</td> </tr> <tr> <td style="text-align: center;"><small>Number</small></td> <td style="text-align: center;"><small>Street</small></td> <td></td> </tr> <tr> <td style="text-align: center;"><small>City</small></td> <td style="text-align: center;"><small>Province</small></td> <td style="text-align: center;"><small>Postal Code</small></td> </tr> </table>	_____/_____/_____	_____/_____/_____	_____/_____/_____	Last	First Birth Father	Initial	MNS Local _____			MNS Registry #: _____			Address: _____			<small>Number</small>	<small>Street</small>		<small>City</small>	<small>Province</small>	<small>Postal Code</small>
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Mother's Signature: _____ Father's 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)