

# GENEALOGY CHART FOR REGISTRATION IN METIS NATION SASKATCHEWAN

**\*Complete Chart In Full!**

Last      First      Initial

**Father's Name:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

**PLEASE PRINT**

Last      First      Initial

**Applicants Name**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

Last (Maiden)    First      Initial

**Mother's Name:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

***\*Indicate where Metis ancestry begins!***

Last      First      Initial

**Paternal Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Last (Maiden)    First      Initial

**Paternal Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Last      First      Initial

**Maternal Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Last (Maiden)    First      Initial

**Maternal Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Last      First      Initial

**Paternal Great Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandfather's Father

Last      First      Initial

**Paternal Great Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandmother's Father

Last      First      Initial

**Maternal Great Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandfather's Father

Last      First      Initial

**Maternal Great Grandfather:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandmother's Father

Last (Maiden)    First      Initial

**Paternal Great Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandfather's Mother

Last (Maiden)    First      Initial

**Paternal Great Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandmother's Mother

Last (Maiden)    First      Initial

**Maternal Great Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandfather's Mother

Last (Maiden)    First      Initial

**Maternal Great Grandmother:**

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

POB: \_\_\_\_\_  
City                  Province

DOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

Your Grandmother's Mother



# APPLICATION FOR CHANGE OF NAME OR ADDRESS

Office of the Registrar  
Métis Nation – Saskatchewan

## Application for:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Surname

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Given Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
Sex

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Citizenship Number: \_\_\_\_\_

## REGISTERED ADDRESS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Province

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Postal Code

## ADDRESS CHANGE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Province

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Postal Code

## CHANGE OF NAME INFORMATION

Reason for change of name?  Marriage  Adoption  Other

Copy of Marriage license attached:  Yes  No

Please state the reason for 'Other': \_\_\_\_\_

Documents Attached:  No  Yes \_\_\_\_\_

## NAME CHANGE INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SURNAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
GIVEN NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MIDDLE NAME(S)

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_/\_\_\_\_\_  
City/Town                      Province

Registered with MNS Local: \_\_\_\_\_

Name / Signature of Local President: ( \_\_\_\_\_ )

## PARENTAL INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last                      First                      Initial  
Mother

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day      Month      Year

MNS Local \_\_\_\_\_

MNS Registry #: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last                      First                      Initial  
Father

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day      Month      Year

MNS Local \_\_\_\_\_

MNS Registry #: \_\_\_\_\_

## ADOPTED CHILD INFORMATION

Is this child adopted?       Yes       No  
Are the birth parents of Metis Ancestry?       Yes       No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last                      First                      Initial  
Birth Mother

MNS Local \_\_\_\_\_

MNS Registry #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number                      Street  
City                      Province                      Postal Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last                      First                      Initial  
Birth Father

MNS Local \_\_\_\_\_

MNS Registry #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number                      Street  
City                      Province                      Postal Code

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)

