

GUIDELINES FOR COMPLETION OF APPLICATION

The information you provide on this document is collected under the authority of the Métis Nation of Saskatchewan Constitution and the Métis Nation of Saskatchewan Citizenship Act. Accordingly, this information is collected for the purpose of registration and any information you provided is protected under the provisions of the Citizenship Act.

Any person may apply to register with the Métis Nation of Saskatchewan by completing the Citizenship Application Form, attaching any of the following information as set out in the Citizenship Act as that information that will verify proof of Métis ancestry.

If the Registrar accepts the application, a Métis Nation of Saskatchewan Citizenship Card will be issued. The card remains the property of the Métis Nation of Saskatchewan and must be returned if requested by the Registrar.

Any citizenship appeal may be forwarded in writing to the Citizenship Appeal Board, along with accompanying documentation, for consideration, subject to final appeal to the Métis Nation Legislative Assembly, the process of which is identified in the Métis Nation of Saskatchewan Citizenship Act. The burden of proof of ancestry rests with the applicant.

A combination of any of the following documents must accompany the Citizenship Application Form to be considered a complete application:

- ❖ Census Records
- ❖ Archival Records
- ❖ Church Records
- ❖ Historic Records
- ❖ Oral Testimony (Transcribed)
- ❖ Genealogical Information
- ❖ Government Records (Long Birth Form)
- ❖ Community Records

Please Note: Your application will be returned if not accompanied by the required documents.

Please make a photocopy of the application and send the original to the Métis Nation of Saskatchewan Head Office.

Métis Nation of Saskatchewan
Office of the Registrar
219 Robin Crescent
Saskatoon, Sask.
S7L 6M8
Phone: 1-888-343-6667 (Toll Free in Saskatchewan)
Phone: 1-306-343-8285
Fax: 1-306-343-0171

IMPORTANT! Please note that the Genealogical Information is mandatory for the completion of the application

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

Last First Initial

Paternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last First Initial

Maternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last First Initial

Maternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Paternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Paternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Maternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Maternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandfather's Father

Your Grandmother's Father

Your Grandfather's Father

Your Grandmother's Father

Your Grandfather's Mother

Your Grandmother's Mother

Your Grandfather's Mother

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)



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: _____/_____
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)



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:

Signature

Date:

Day

Month

Year

MNS REGISTRAR:

(Print)



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: _____/_____
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)



Office of the Registrar
Metis Nation – Saskatchewan

APPLICATION FOR REGISTRATION OF NEWBORN

This form to be used by parents who are already registered as members of the Metis 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
Mother

Initial

Telephone: ()

Address:

Number Street

City

Province

Postal Code

MNS Local

MNS Registry #:

Last

First
Father

Initial

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:

Sign

Print Last Name

Witness:

Sign

Print Last Name

Date:

Day / Month / Year

Date:

Day / Month / Year

MNS Registrar:

Signature

Date:

Day / Month / Year

MNS REGISTRAR:

(Print)