

ASSOCIATION OF METIS & NON-STATUS INDIANS OF SASKATCHEWAN

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Metis Identification

A Metis is a person of Aboriginal ancestry, who:

1. can provide proof of his/her ancestry; and
2. declares himself/herself to be a Metis; and
3. meets one of the following tests:
  - a) , is accepted as a Metis by the Metis community,
  - b) has traditionally held himself/herself out to be a Metis,
  - c) has been recognized by the community-at-large as a Metis.

Proof could include:

1. identification of ancestors who were Indians or who belonged to an Indian Tribe;
2. identification of ancestors who received Half-breed Scrip;
3. affidavits given by priests, lawyers, government officials or other officials with detailed personal knowledge of the individual Metis;
4. historical records or documents recognizing ancestors as Indian or Metis. (Examples are: books, letters, memorandums, etc.);
5. legal documents recognizing certain Metis. (Examples are: Orders-in-Council; land titles registered to Manitoba Metis, birth records, etc.);
6. other documentation acceptable to the Association.

10. PLACE OF BIRTH: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SPOUSE: PLACE AND DATE OF BIRTH: \_\_\_\_\_  
\_\_\_\_\_

11. ANCESTRAL ORIGIN:  
-MOTHER'S SIDE: \_\_\_\_\_  
-FATHER'S SIDE: \_\_\_\_\_

12. GIVE NAMES OF PARENTS:  
FATHER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
MOTHER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RESIDENCE \_\_\_\_\_

13. GIVE NAMES OF BROTHERS & SISTERS:  
NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RESIDENCE \_\_\_\_\_

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_

14. RELATIVES IN CITIES OR OUT OF PROVINCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENUMERATION FORM - A.M.N.S.I.S.

1. NAME: \_\_\_\_\_.

2. ADDRESS: \_\_\_\_\_.

3. HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_.

4. SPOUSE: \_\_\_\_\_.

5. CHILDREN: \_\_\_\_\_.

(Names &  
Ages)

6. ADULT CHILDREN: Names and Addresses:

7. FIRST LANGUAGE: \_\_\_\_\_.

WORKING LANGUAGE: \_\_\_\_\_.

8. SELF-IDENTIFICATION:

A. METIS: \_\_\_\_\_.

B. NON-STATUS INDIAN: \_\_\_\_\_.

SPOUSE: METIS \_\_\_\_\_; NON-STATUS INDIAN \_\_\_\_\_; OTHER \_\_\_\_\_.

CHILDREN: METIS \_\_\_\_\_; NON-STATUS INDIAN \_\_\_\_\_; OTHER \_\_\_\_\_.

9. AMNSIS MEMBER: YES \_\_\_\_\_ OR NO \_\_\_\_\_.

15. DOCUMENTED PROOF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. SOCIAL INSURANCE NUMBER: \_\_\_\_\_ HOSPITALIZATION NUMBER: \_\_\_\_\_

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE