



OCHAPOWACE NATION

DECMEBER 2017

KNOW ALL PERSON BY THESE PRESENTS that I, (as named below), is a registered Ochapowace Nation Citizen. And furthermore over the age of Eighteen (18) years of age and hereby declare the information in this application is true and correct;

DATED: this ____ day of _____ 2017.

Ochapowace Nation Citizen (PRINT NAME)

Treaty Number: _____

Date of Birth: _____

Mailing Address (INCLUDE POSTAL CODE):

Phone Number:(____) _____

Ochapowace Nation Citizen (SIGNATURE)

PLEASE MAIL TO ADDRESS (OFF RESERVE MEMBERS)

FOR DEPARTMENTAL USE ONLY

THIS PORTION TO BE COMPLETED BY REGISTRATION REPRESENTATIVE(S) ONLY.

DATED: this _____ day of _____, 2017.

NAME OF REPRESENTATIVE (PRINT)

REPRESENTATIVE (SIGNATURE)

PROOF OF IDENTIFICATION: (check the appropriate identification provided)

DRIVER'S LICENCE: TREATY CARD CANADIAN PASSPORT

OTHER IDENTIFICATION: (check the appropriate identification provided)

HEALTH CARD SOCIAL INSURANCE CARD BIRTH CERTIFICATE

OTHER:

(NOTE: PHOTOCOPY OF IDENTIFICATION TO BE ATTACHED TO THIS FORM)

*This portion to be completed only if you **DO NOT** have photo I.D., to be signed by the Applicant and any one (1) of the Ochapowace Chief and Council;*

APPLICANT'S DECLARATION

I, _____
solemnly declare that the information in this application is true and correct;

APPLICANT'S SIGNATURE

GUARANTOR'S DECLARATION

I, Guarantor, solemnly declare that to the best of my knowledge and belief, all of the statements made on this form are true. I have known the applicant personally for at least TWO years and certify, on the attached photo to this application is the image to be a true likeness of the applicant.

DATED: this ____ day of December, 2017.

SIGNED IN THE PRESENCE OF:

Ochapowace Councillor – PRINT NAME

Ochapowace Councillor – SIGNATURE

P.O. BOX 550
WHITEWOOD, SK S0G-5C0
Phone: (306) 696-3160

PHOTO AND PHOTOCOPY OF IDENTIFICATION TO BE ATTACHED TO THIS FORM