



WHITEFISH LAKE FIRST NATION
GENERAL DELIVERY
ATIKAMEG, ALBERTA
TOG-0C0

PHONE: 780-767-3914
FAX: 780-767-3922

APPLICATION FOR RESIDENCY FOR WHITEFISH LAKE FIRST NATION

A. APPLICANT

1. SURNAME

GIVEN NAMES

2. ADDRESS

POSTAL CODE

3. PHONE NUMBERS

HOME:

CELL:

OTHER:

4. DATE OF BIRTH

5. FORMER BAND NAME AND TREATY NUMBER (IF APPLICABLE)

B. APPLICANT'S FATHER

6. SURNAME

GIVEN NAMES

7. ADDRESS

POSTAL CODE

8. PHONE NUMBERS

HOME:

CELL:

OTHER:

9. DATE OF BIRTH

10. NAME OF BAND AND TREATY NUMBER (IF APPLICABLE)

C. APPLICANT'S MOTHER

11. MAIDEN NAME OF MOTHER

GIVEN NAMES

12. ADDRESS

POSTAL CODE

13. PHONE NUMBERS

HOME:

CELL:

OTHER:

14. DATE OF BIRTH

15. NAME OF BAND AND TREATY NUMBER (IF APPLICABLE)

D. APPLICATION FOR GRANDPARENTS

16. SURNAME OF PATERNAL GRANDFATHER

GIVEN NAMES

H. ALL APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

1. BIRTH CERTIFICATE OF THE APPLICANT INDICATING PARENTS OF THE APPLICANT.
2. PROOF OF INDIAN STATUS OF THE APPLICANT; TO BE OBTAINED FROM THE DEPARTMENT OF INDIAN AFFAIRS.
3. APPLICANTS SHOULD ENCLOSE "LETTERS OF REFERENCE" WHICH COMMENT UPON THE CHARACTER AND BACKGROUND OF THE APPLICANT.

UNTIL ALL NECESSARY INFORMATION AND DOCUMENTS REQUESTED IN THIS APPLICATION ARE PROVIDED TO THE CHIEF AND COUNCIL, THE RESIDENCY APPLICATIONS WILL BE CONSIDERED.

ALL INFORMATION SUPPLIED WILL BE TREATED IN CONFIDENCE BY THE FIRST NATION.

I. 4. MAIL THIS APPLICATION WITH NECESSARY DOCUMENTS TO

**MEMBERSHIP/GLENNA NAHACHICK
WHITEFISH LAKE FIRST NATION
GENERAL DELIVERY
ATIKAMEG, ALBERTA
T0G 0C0**

J. I, _____ do hereby affirm that the statements and information provided in this application and accompanying documents are, to the best of my knowledge, true and accurate.

Signature of applicant: _____ .

Date of application: _____ .



STATUTORY DECLARATION

Canada

Province of ALBERTA

In the matter of RESIDENCY APPLICATION OF WHITEFISH LAKE FIRST NATION

To wit:

I, _____, of the _____

of _____

in the Province of ALBERTA

Do Solemnly Declare as follows: _____

THAT I HAVE BEEN LIVING IN WHITEFISH LAKE FIRST NATION RESERVE

SINCE:

DATE:

THAT I HAVE LIVED AT _____

SINCE THAT DATE.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect if made under oath, and by virtue of the *Canada Evidence Act*.

Declarant's signature

Declared before me at the _____

of _____ in the Province of ALBERTA

this _____ day of _____, 20 _____

Must be witnessed by a person authorized as a Commissioner for the Taking of Oaths such as a lawyer, notary public, justice of the peace or an INAC official authorized under S.108 of the Indian Act.

Witness' signature

Witness' Stamp giving Title and Authorization

I _____ do solemnly Declare that
_____ is living at my residence
as of _____ 20__.

And I make his solemn declaration conscientiously it to be true, and knowing that it is of the same force and effect if made under oath, and by virtue of the Canada Evidence Act.

Signature: _____

Declared before me at _____, ALBERTA

This _____ day of _____, 20__.

Witnessed by Commissioner for Taking of Oaths.

I _____ give my permission to

_____ (Administration Employee of Whitefish Lake
First Nation) to visit my residence to verify that _____

is living at my residence.

Signature: _____

Date: _____