



**Council of the Haida Nation**  
(HAIDA TRIBAL SOCIETY)

Box 598, Old Massett  
Haida Gwaii V0T 1M0  
Toll free 1.888.638.7778  
P.250.626.5252 F.250.626.3403

**HAIDA CITIZENSHIP REGISTRATION**

Fill out and fax to 250.626.3403 or phone 1.888.638.7778 for more information.

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Maiden/Other Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Information \_\_\_\_\_

**FAMILY INFORMATION**

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S FAMILY TREE - MOTHER'S SIDE**

Clan Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Mother \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Father \_\_\_\_\_ Date of Birth \_\_\_\_\_

**APPLICANT'S FAMILY TREE - FATHER'S SIDE**

Clan Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Mother \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Father \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby certify under the penalty of perjury, that the above statements given for the purpose of Haida Citizenship registration are true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature Date

Documentation Attached

- Birth Certificates
- Baptismal Records
- DIAND Records
- Affidavits
- Letters from immediate family members
- Letters from Hereditary Clan
- Testimony of a Haida citizen
- Other