



HAIDA CITIZENSHIP ACT

FORM B – LETTER OF AFFIRMATION

Please submit all completed forms to the CHN office in Old Massett or Skidegate.

For assistance please contact the CHN Citizenship Coordinator at **250-626-5252** or citizenship@haidanation.com.

Letter of Affirmation		
Name of Applicant:		
Name of person submitting application: <i>(if different; see Section 6 of the Citizenship Act)</i>		
Date:		
We, the undersigned, verify that the information contained in this registration and any attached forms is accurate.		
(Please select all that apply):		
<input type="checkbox"/> We confirm that the registrant named above is a Haida citizen, as defined by the Constitution of the Haida Nation.		
<input type="checkbox"/> We confirm that the photo supplied as part of this registration is a true likeness of the registrant named above.		
<input type="checkbox"/> We confirm that the person submitting this application is the parent/guardian of the applicant, and the applicant is under the age of 16.		
<input type="checkbox"/> We confirm that the person submitting this application has the legal authority to manage the affairs of the applicant.		
<input type="checkbox"/> Other affirmation(s) (please list):		
Signatories: (all three must be signed in order for this letter to be valid)		
Kilsaay (potlatched chief, or designated spokesperson for clans without potlatched chiefs):		
_____	_____	_____
Name (please print)	Signature	Date
K'uljaad (a recognized clan matriarch):		
_____	_____	_____
Name (please print)	Signature	Date
Clan Member:		
_____	_____	_____
Name (please print)	Signature	Date