

FORM A - HAIDA CITIZENSHIP REGISTRATION APPLICATION

Please submit completed forms to the Council of the Haida Nation Administration office in Gaw Tlagee or HIGaagilda.

For assistance completing forms or providing supporting documents, please contact the Citizenship Coordinator at 250.626.5252 or citizenship@haidanation.com.

REGISTRANT PERSONAL INFORMATION	
Haida Name	
English name (including all middle names; please no initials)	
Maiden name (if applicable)	Nickname (if applicable)
Clan	
Date of Birth (year/month/day)	Place of Birth
Mother's maiden name	Registrant's fathers name
CONTACT INFORMATION	
Home address	Mailing address
Telephone (home)	Telephone (cell)
Email address	□ Add to Haida Citizen E-list
How would you like to receive your certificate & card? □ Pickup in <u>Gaw Tlagee</u> □ Pickup in Hl <u>Gaagilda</u> □ Mail to mailing address	

SUPPORTING DOCUMENTATION

All applications must include the following supporting documents:

- Either a signed Form B Letter of Affirmation or a copy of the registrant's photo identification that has the signature and phone number of a witness (e.g. driver's license, status card, passport, etc.).
- An identification photo of the registrant, taken according to the requirements in Schedule B of the Citizenship Act, or by the Citizenship Coordinator.

If you are a parent/guardian or authorized legal representative for the registrant, please also include:

- A copy of your photo identification with the signature and phone number of a witness, **or** ensure the attached Form B Letter of Affirmation also verifies your relationship to the registrant.
- Documentation showing you have legal authority to manage the affairs of the registrant (if applicable), or a signed Form B Letter of Affirmation

SUBMISSION INFORMATION

In order to be added to the Council of the Haida Nation Citizen Register, citizens must already be listed on their Clan Tree in the K'waalas <u>kayd</u> gud gii <u>kaasdll</u>. All citizens are invited to contact the Citizenship Coordinator to confirm this prior to submitting this registration.

Please contact the Citizenship Coordinator at the address below if you have any questions when filling out the forms or providing supporting documents.

Please drop-off or send your completed application, including all required documentation to:

Citizenship Coordinator

Council of the Haida Nation 504 Naanii Street, Gaw Tlagee, or #1 Reservoir Road, HlGaagilda

Phone: (250) 626.5252

Email: citizenship@haidanation.com

Mailing Address

Citizenship Coordinator Council of the Haida Nation PO Box 589 Masset, Haida Gwaii V0T 1M0

DECLARATION

I,, solemnly declare that the facts contained in this application and in the attached Schedules are true to the best of my knowledge.	
Registrant signature	Date
Check one of the following (only if applicable)	
☐ I am the Parent or Guardian of the minor (under 16 is submitted	years of age) for whom this application
$\hfill \square$ I am the authorized legal signatory for the adult for	whom this application is submitted.
Parent/Guardian/Signatory signature	Date