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Tłycho Government

This Form will be used to update your Citizenship File. All information must be entered.

1. Signature:

I certify that the information provided below is to the best of my knowledge, true, correct and complete. Information will be used to update my Thcho Citizenship information.

Name:

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Print Name Signature Date

Return this form once completed by email, or fax, or mailing address below:

- a. Email: <u>lenazoe@tlicho.com</u>
- b. Fax: 867.392.6884
- c. Mailing address: C/O Enrollment, PO Box 412, Behchokò, NT X0E 0Y0

Please print, and provide your signature below.

2. Provide full legal name:

Name:				
First Name	Middle Name Last Name			
3. Provide your Address:				
PO Box:	Home Phone:			
Street Address:	Cell No.:			
City/Town:	Work No. :			
Territory/Province:	Email:			
Postal Code;	-			
4. Provide the following info:				
Date of Birth: (day /month/ year/)	Please ensure that you send us a photocopy of			
Treaty Number: Registry Number	the following documentation below:			
Band Name:	(please attach copy of Treaty Status Card)			
Health Care #:	(please attach copy of Health Care Card)			
Birth Certificate:	(please attach copy of Birth Certificate)			

5. Your Children (if none continue to Question 6).

our Child(ren) – please print your child's name below:	
First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)
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First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)
First Name Middle Name Last Name	Date of Birth (day/month/year)

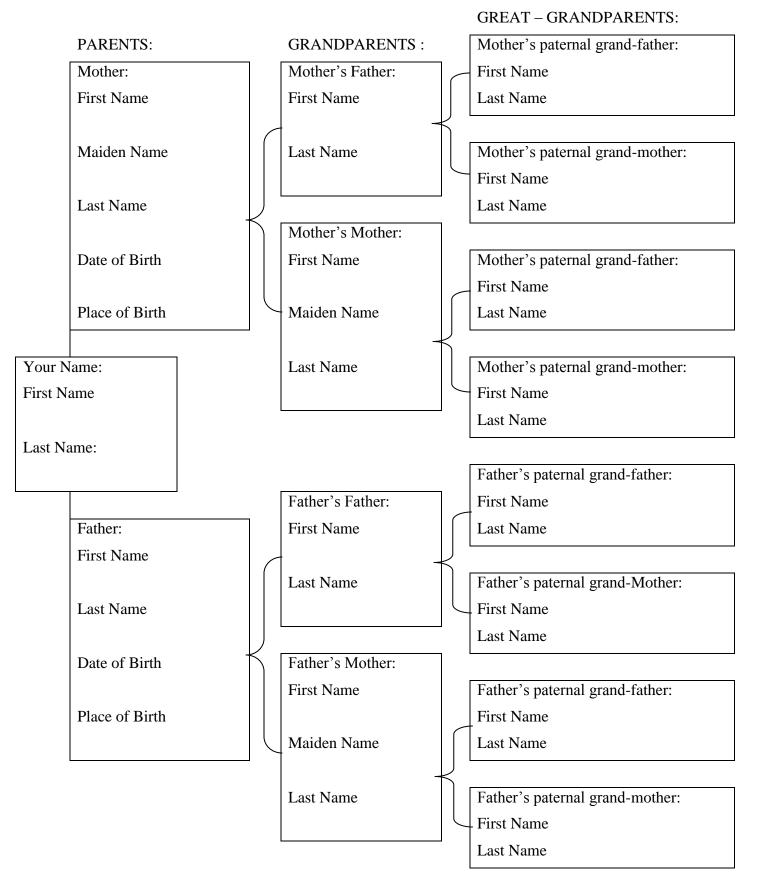
6. Your Family History (Adoptive Parents)

		If, Yes - what was your original name:
Where you adopted?	Yes	Please remember to answer Question 7 and Question 8.
	No	If No, proceed to Question 7.

Please remember to fill out Question 7 (on page 3) Your Family History – Biological Parents

If you are adopted both Question 7 (on page 3) and Question 8 (on page 4) must be completed.

7. Your Family History (Biological Parents)



8. Your Family History (Adoptive Parents)

