



Section A - Personal Information of Tłıchq Applicant

1. Name of Tłıchq Applicant:

<div style="display: flex; justify-content: space-between;"> First Name Middle Name Last Name </div>

2. Applicant Information:

Date of Birth: _____ (day /month/ year/)	Birth Certificate Registration #: _____
Place of Birth: _____ Community, Territory or Providence	Health Care #: _____
Gender: <input type="checkbox"/> Female or <input type="checkbox"/> Male	Treaty Status #: _____

Provide a photocopy of the following documents for proof of identification:

Long Form Birth Certificate, Health Care Card, Treaty Status card or letter from INAC.

3. Contact Information of the Applicant:

Email contact: _____	Cell No: _____	Home Phone No.: _____
House Number: _____	PO Box / RR: _____	Street Address: _____
City/Town: _____	Territory/Province: _____	Postal Code: _____

4. Legal Parents of Applicant:

Parent A Name: _____		
Email Contact: _____	Phone No. Contact: _____	
Is Parent A a Tłıchq Citizen <input type="checkbox"/> Yes or <input type="checkbox"/> No	Treaty Status #: _____	
Parent B Name: _____		
Email Contact: _____	Phone No. Contact: _____	
Is Parent B a Tłıchq Citizen: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Treaty Status #: _____	



Part B – Family History

5. Family History of Applicant:

		Great-grandfather	
	Grandfather		
		Great-grandmother	
Mother			
		Great-grandfather	
	Grandmother		
		Great-grandmother	
Applicant			
		Great-grandfather	
	Grandfather		
		Great-grandmother	
Father			
		Great-grandfather	
	Grandmother		
		Great-grandmother	



Section C - Eligibility Criteria

6. Part A

a. Are you a Tłıchq Person (Please check one box only):

- Have Aboriginal ancestry and had resided in and had used and occupied any part of Mqwhi Gogha Dè Nıjłtłèè on or before August 22, 1921 and had received Treaty 11 benefits; or
- A descendant of such person;

b. Was a band member at the time of the effective date (August 4, 2005) (Please check one box only):

- Dog Rib Rae Band
- Whatı First Nation Band;
- Gamètı First Nation Band;
- Dechi Laot'i First Nations Band (Wekweètı); or
- Are you a descendant of a band member?
If yes, please state which band you are descendant from: _____

c. Were you adopted as a child (Please check one box only):

- Under the laws of any jurisdiction or under any Tłıchq custom, by a person described in (a.) or (b.); or
- By a Tłıchq Citizen, or
- Is a descendant of any such adoptee.

7. Part B

Are you (Please check one box only):

- Canadian citizen or
- Permanent resident of Canada; or
- Other. If you selected "Other" please specify here: _____

8. Part C:

Citizen of a country other than Canada:

- Yes or, No, are you a Tłıchq person but as a result of adoption as a child became a citizen of a country other than Canada?



Part D - Another Land Claim Agreement

9. Enrollment Under another Land Claim Agreement

a. Are you enrolled under another land claim agreement in Canada? (Please check one box only)

No, I am not enrolled under another land claim agreement.

Yes, I am enrolled under another land claim agreement.

If you selected "Yes" please specify here: _____

b. If you answered "Yes" under 9.a are you prepared to withdraw from enrollment under other land claim agreement?

Yes, or No. Please initial: _____

10. Information provided by Applicant.

By signing below, I consent to the release of my personal information to the agencies listed below to verify my personal information and to determine my initial and continued eligibility as Tłichq Citizen. Agencies: Tłichq Government, Government of the Northwest Territories, Government of Canada, and Land Claim Agreement Agencies.

Part E – Signature of Tłichq Applicant

11. Signature of Applicant applying for Tłichq Citizenship (16 years and older)

I certify that the information provided is, to the best of my knowledge, true, correct and complete.

_____ Signature _____ Date _____
Print Name

12. Signature of Parents/Guardians/Legal Representative of Applicant (is 16 years and under)

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily on behalf of the minor applicant.

Parent A

_____ Signature _____ Date _____
Print Name

Parent B

_____ Signature _____ Date _____
Print Name

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process this application.