

Tł₂cho Citizenship for an Adopted Person

Enrolment, Department of Client Services PO Box 412, Behchokỳ, NT X0E 0Y0

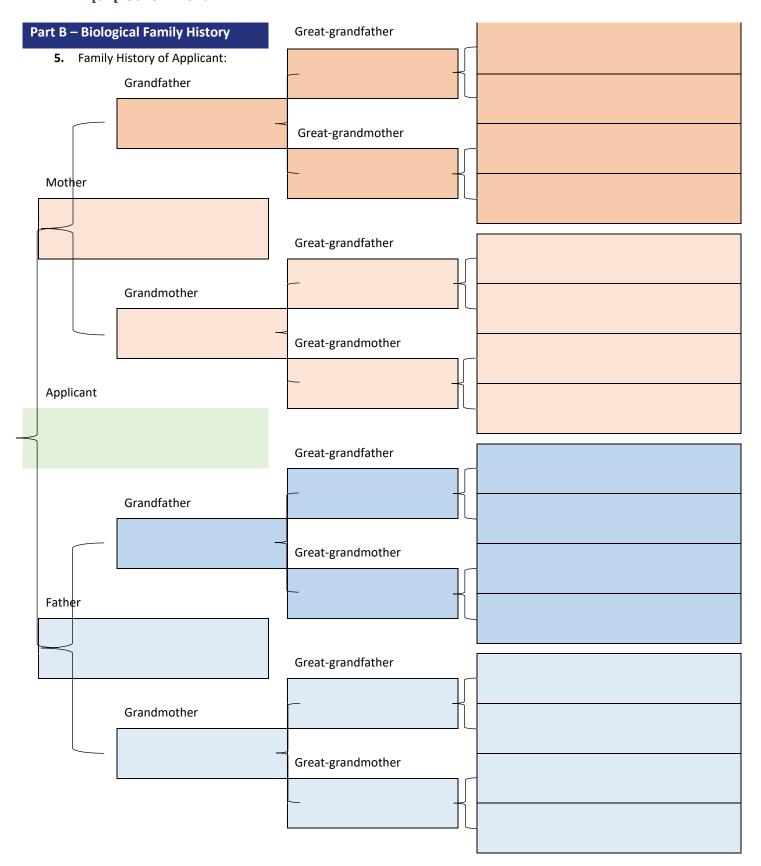
Tel: 867.392.1700 ext. 1703/1706 • Fax: 867.392.6884 Email: enrolment@tlicho.ca • Website: www.tlicho.ca

Section A - Personal Information of Tłįchǫ Applicant							
1. Name of Tłįchǫ Applicant:							
First Name		Middle Name	Last Name				
2. Applicant Information:							
Date of Birth:		Birth Certificate					
(do. /marth/was/)		Registration #:					
(day /month/ year/)							
Place of Birth:		Health Care #:					
Community, Territory	or Providence						
Gender: Female or Male		Treaty Status #:					
Provide a photocopy of the following documents for proof of identification:							
Long Fo	orm Birth Certific	cate, 🗌 Health Care	e Card,				
Treaty Status o	ard or letter fro	m INAC, and 🗌 Add	option papers.				
3. Contact Information for Tłįchǫ Applicant:							
Email contact:	Cell No:		Home Phone No.:				
House Number:	PO Box / RR:		Street Address:				
21. 5							
City/Town:	Territory/Province:		Postal Code:				
4 Local Devents of Applicants							
4. Legal Parents of Applicant:							
Parent A Name:							
Email Contact:		Phone No. Cor	Phone No. Contact:				
Is Parent A a Tłįchǫ Citizen Yes or No Treaty Status #:							
Parent B Name:							
Email Contact:		Phone No. Cor	Phone No. Contact:				
Is Parent B a Tłįchǫ Citizen:	Yes or No	Treaty Status #	Treaty Status #:				



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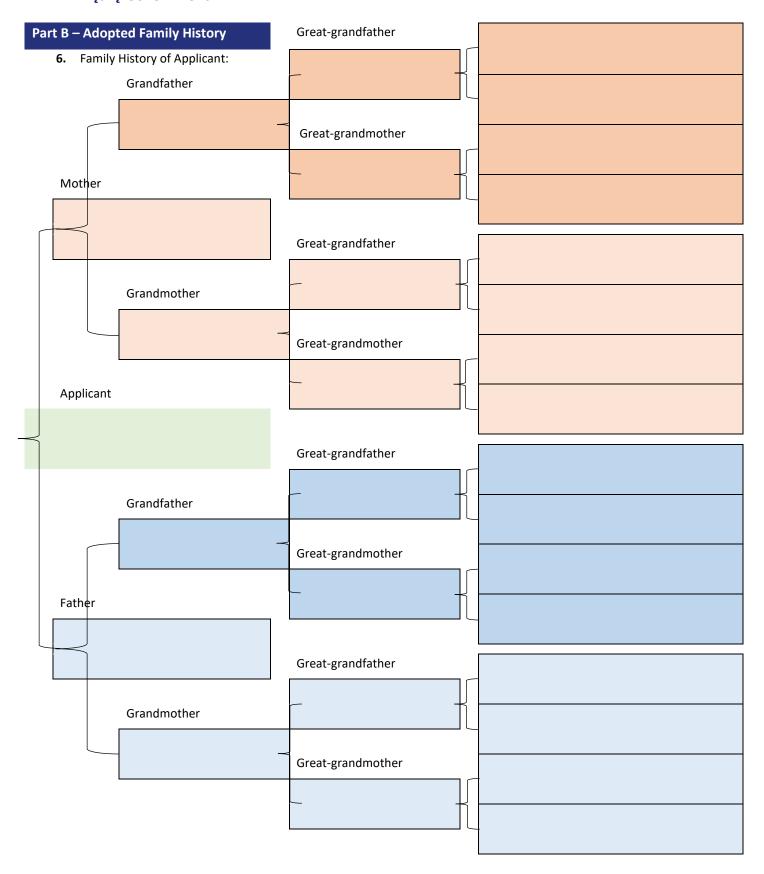
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Section C - Adoption Information for Tłįchǫ Applicant 7. Type of Adoption: Legal adoption or Custom adoption Date of adoption: 8. Legal Name of Applicant at the time of birth: 9. Biological Parents of Applicant" Full Name of Birth Mother: Place of Birth: Date of Birth: (day /month/ year/) Treaty Status #: Are they a Tłįcho Citizen Yes or No **Full Name of Birth Father:** Date of Birth: (day /month/ year/) Place of Birth: Treaty Status #: Are they a Tłycho Citizen Yes or No **Section D - Eligibility Criteria** 10. Part A a. Are you a Tłycho Person (Please check one box only): Have Aboriginal ancestry and had resided in and had used and occupied any part of Mowhì Gogha Dè Nııtlèè on or before August 22, 1921 and had received Treaty 11 benefits; or A descendant of such person. Name of your ancestor: b. Was a band member at the time of the effective date (August 4, 2005) (Please check one box only): Dog Rib Rae Band Whatì First Nation Band; Gamètì First Nation Band; Dechi Laot'i First Nations Band (Wekweètì); or

If yes, please state what band you are descendant from:

Are you a descendant of a band member?



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Section D - Eligibility Criteria Continued

	c.	Were you adopted as a child (Please check one box only):			
		Under the laws of any jurisdiction or under any Tłįchǫ custom, by a person described in (a.) or (b.); or			
		By a Tłįcho Citizen, or			
		Is a descendant of any such adoptee.			
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:			
Part C:					
Citizen of a country other than Canada:					
	_	Yes or, No, are you a Tłįchǫ person but as a result of adoption as a child became a citizen of a ntry other than Canada?			
		Part E - Another Land Claim Agreement			
11. Enrollment Under another Land Claim Agreement					
	a. <i>A</i>	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 name the land claim agreement here:			
		you answered "Yes" under 11.a are you prepared to withdraw from enrollment under other land m agreement?			
		Ves or No. Please initial:			



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Part F - Family History Continued

12. 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 Tłįchǫ Citizen. Agencies: Tłįchǫ Government, Government of the Northwest Territories, Government of Canada, and Land Claim Agreement Agencies.

Part G – Signature of Tłįchǫ Applicant						
13. Signature of Applicant applying for Tłįchǫ Citizenship (16 years and older)						
I certify that the information provided is, to the best of my knowledge, true, correct and complete.						
Print Name	Signature	Date				
14. Signature of 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						
Print Name	Signature	Date				
Parent B						
Print Name	Signature	Date				

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.