

GENEALOGY CHART FOR REGISTRATION IN METIS NATION SASKATCHEWAN

***Complete Chart In Full!**

Last First Initial

Father's Name:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

PLEASE PRINT

Last First Initial

Applicants Name

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

Last (Maiden) First Initial

Mother's Name:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

****Indicate where Metis ancestry begins!***

Last First Initial

Paternal Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Paternal Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last First Initial

Maternal Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last (Maiden) First Initial

Maternal Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Last First Initial

Paternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandfather's Father

Last First Initial

Paternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandmother's Father

Last First Initial

Maternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandfather's Father

Last First Initial

Maternal Great Grandfather:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandmother's Father

Last (Maiden) First Initial

Paternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandfather's Mother

Last (Maiden) First Initial

Paternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandmother's Mother

Last (Maiden) First Initial

Maternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandfather's Mother

Last (Maiden) First Initial

Maternal Great Grandmother:

DOB: _____ / _____ / _____
Day Month Year

POB: _____
City Province

DOD: _____ / _____ / _____
Day Month Year

Your Grandmother's Mother



APPLICATION FOR CHANGE OF NAME OR ADDRESS

Office of the Registrar
Métis Nation – Saskatchewan

Application for:

_____/_____/_____/_____
Surname / Given Name / Middle Name(s) / Sex

Birth Date: ____/____/_____
Day / Month / Year

Telephone Number: (____) _____

Citizenship Number: _____

REGISTERED ADDRESS

_____/_____/_____/_____
Number and Street / City / Province / Postal Code

ADDRESS CHANGE

_____/_____/_____/_____
Number and Street / City / Province / Postal Code

CHANGE OF NAME INFORMATION

Reason for change of name? Marriage Adoption Other

Copy of Marriage license attached: Yes No

Please state the reason for 'Other': _____

Documents Attached: No Yes _____

NAME CHANGE INFORMATION

_____/_____/_____
SURNAME / GIVEN NAME / MIDDLE NAME(S)

Applicants Signature: _____ Date: ____/____/_____
Day / Month / Year

MNS Registrar: _____ Date: ____/____/_____
Signature Day / Month / Year

MNS REGISTRAR: _____ (Print)



Office of the Registrar
Métis Nation - Saskatchewan

NOTIFICATION OF DECEASED MEMBER

INFORMATION ON THE DECEASED

Notification Regarding:

_____/_____/_____
 Surname / Given Name / Middle Name(s) / Sex

Birth Date: ____/____/____ Date of Death: ____/____/____
Day Month Year Day Month Year

MNS Local: _____ MNS Registry #: _____

Date to be removed from MNS Membership / Local Listing: ____/____/____
Day Month Year

APPLICANT INFORMATION

_____/_____/_____
 Last First Initial

Relationship to Deceased: _____

Telephone: (____) _____

Address: _____
Number Street

_____/_____/_____
 City Province Postal Code

MNS Local _____

MNS Registry #: _____

_____/_____/_____
 Last First Initial

Relationship to Deceased: _____

Telephone: (____) _____

Address: _____
Number Street

_____/_____/_____
 City Province Postal Code

MNS Local _____

MNS Registry #: _____

DEATH CERTIFICATE

Is a copy of the Death Certificate attached? Yes No To Follow

Signature: _____ Signature: _____

Witness: _____ (_____) Witness: _____ (_____)
Sign Print Last Name Sign Print Last Name

Date: ____/____/____ Date: ____/____/____
Day Month Year Day Month Year

MNS Registrar: _____ Date: ____/____/____
Signature Day Month Year

MNS REGISTRAR: _____ (Print)



Office of the Registrar
Métis Nation – Saskatchewan

APPLICATION FOR UNDER 16 YEARS OF AGE

Application on behalf of:

Surname _____ / Given Name _____ / Middle Name(s) _____ / Sex _____

Birth Date: ____ / ____ / ____ Place of Birth: _____ / _____
Day Month Year City/Town Province

Child's Residence: _____ / _____ Registered with MNS Local: _____
City/Town Province

Name / Signature of Local President: (_____)

PARENTAL INFORMATION

Last _____ First _____ Initial _____
Mother

Date of Birth: ____ / ____ / ____
Day Month Year

MNS Local _____

MNS Registry #: _____

Last _____ First _____ Initial _____
Father

Date of Birth: ____ / ____ / ____
Day Month Year

MNS Local _____

MNS Registry #: _____

ADOPTED CHILD INFORMATION

Is this child adopted? Yes No

Are the birth parents of Metis Ancestry? Yes No

Last _____ First _____ Initial _____
Birth Mother

MNS Local _____

MNS Registry #: _____

Address: _____
Number Street

City Province Postal Code

Last _____ First _____ Initial _____
Birth Father

MNS Local _____

MNS Registry #: _____

Address: _____
Number Street

City Province Postal Code

Mother's Signature: _____ Father's Signature: _____

Witness: _____ (_____) Witness: _____ (_____)
Sign Print Last Name Sign Print Last Name

Date: ____ / ____ / ____ Date: ____ / ____ / ____
Day Month Year Day Month Year

MNS Registrar: _____ Date: ____ / ____ / ____
Signature Day Month Year

MNS REGISTRAR: _____ (Print)



Office of the Registrar
Métis Nation – Saskatchewan

APPLICATION FOR REGISTRATION OF NEWBORN

This form to be used by parents who are already registered as members of the Métis Nation Saskatchewan.

We make this application as parent(s) or guardian(s) on behalf of our newborn child. We request that the applicant be registered as Metis as provided under the MNS Constitution and Citizenship Act.

Application on behalf of:

Surname

Given Name

Middle Name(s)

Sex

Birth Date:

Day / Month / Year

Place of Birth:

City/Town / Province

PARENTAL INFORMATION

Last First Initial

Mother

Telephone: ()

Address:

Number Street

City Province Postal Code

MNS Local

MNS Registry #:

Last First Initial

Father

Telephone: ()

Address:

Number Street

City Province Postal Code

MNS Local

MNS Registry #:

BIRTH CERTIFICATE

Is a copy of the Birth Certificate attached?

Yes No To Follow

Mother's Signature: _____

Father's Signature: _____

Witness: _____ ()

Witness: _____ ()

Sign Print Last Name

Sign

Print Last Name

Date: Day / Month / Year

Date: Day / Month / Year

Day Month Year

Day Month Year

MNS Registrar: _____

Date: Day / Month / Year

Signature

Day Month Year

MNS REGISTRAR: _____ (Print)