REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) STATUTORY DECLARATION IN LIEU OF GUARANTOR

Privacy Act Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the Indian Registration and the Secure Certificate of Indian Status programs is derived from the *Indian Act*. We use the personal information we collect to determine entitlement to registration on the Indian Register and membership in a First Nation for which the Band List is maintained by the Department, to issue a Secure Certificate of Indian Status to registered persons, and for the provision of benefits and services conferred exclusively to those who are registered. We may share the personal information you provide as outlined under Personal Information Bank AANDC PPU110 (Info Source http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040). The information collected is retained by the Department for 30 years after the last administrative action and then transferred to Library and Archives Canada (or as described in the Personal Information Bank). As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. If you have questions or wish to notify us of incorrect information, you may call us at 1-800-567-9604. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

NOTICE TO APPLICANTS

The Secure Certificate of Indian Status (SCIS) remains at all times the property of the Government of Canada and must be used only by the person in whose name it is issued. Any false or misleading statement with respect to this form and any supporting document, including the concealment of any material fact, selling or permitting the use of your SCIS by any other person or agency may lead to criminal prosecution, and is cause for revocation of your SCIS and refusal to issue an SCIS in the future. Any false or misleading statement, including the concealment of any material fact, may lead to a review of your entitlement to registration and revocation of your registered Indian status.

IMPORTANT

Family Name

- ▶ This form must be completed and signed before a Commissioner for Oaths, notary public or lawyer.
- ▶ Complete this form online, or write in block letters using black or dark blue ink.

Applicant Information

INTER 83-170SE 2019-02-27

► For the purposes of this form, the applicant is the adult (16 years of age or older) applying for registration and/or for the Secure Certificate of Indian Status (SCIS), or the parent/legal guardian applying for a child (15 years of age or younger) or dependent adult.

Given Name(s)

Alias / Cultural Name (if applicable)		Date of Birth (YYYYMMDD)		Registration number (10 digits) (if applicable)						
Addresses (List the addre	esses where you h	ave lived in the la	ast five (5) years,	starting with your o	current add	dress)				
Number, Street, Apartment, P.O. Box			e/Territory anada)	State (USA)		Postal/ZIP Code	From (YYYYMMDD)	To (YYYYMMDD)		
In the last five (5) years:	my er	nployers were	and/or	I was attending t	the follow	ring education	nal institutions			
Employer/School	Address		Telephone Number	Nature of E	Nature of Employment/Studies			To (YYYYMMDD)		

Canadä

relatives, have known me for at least								
1. Family Name		Given Name(s)						
Relationship to Applicant		Telephone No. (Daytime)	Reference known for years (minimum 2 years)					
Address (Number/Street/Apartment/P.C	D. Box)	City/Town	Province/Territory (Ca	ınada)	State (USA)	Postal/ZIP Code		
2. Family Name		Given Name(s)						
Relationship to Applicant		Telephone No. (Daytime)	Reference known foryears (minimum 2 years)					
Address (Number/Street/Apartment/P.O. Box)		City/Town	Province/Territory (Ca	ınada)	State (USA)	Postal/ZIP Code		
Note: As needed: Both references must sign a One (1) reference must sign dependent adult)" on the ba	n, date an	d write the statement "This	s is a true likeness of (n					
Applicant Declaration								
For mail-in applications: I have proposed above, for signature, photocomy identity documents. I have pre-	he front and back of	Document Type			Document Number			
named above, one photograph for SCIS).			Document Type		Document N	Document Number		
The statements in the application fo myself the child/dependent adult		ion and/or for the SCIS, for t	applicable)					
I solemnly declare that I am unab knowledge, the statements made requested) are a true likeness of me	in this de	eclaration are true and t	he photos enclosed (i	f a Sec				
Signed at (Location)	Signed at (Location) Province/Territory/State			Signature of Applicant X				
Information and Declaration of	of Officia	I ► ○ Commissi	ioner for Oaths	Notar	y Public) Lawyer		
Family Name		Given Name(s)						
Telephone Number (Daytime) Tele	Facsimile Number (Optional) Email Address (Optional)			Optional)				
Name of Business/Organization (if a	pplicable)							
Address (Number/Street/Apartment/P.C	City/Town	Province/Territory (Ca	ınada)	State (USA)	Postal/ZIP Code			
Declaration made before me								
Signed at (Location) Province/Territory/S		/Territory/State	Signature of Official (affix stamp) X			Date (YYYYMMDD)		