## REQUEST TO AMEND INDIVIDUAL INFORMATION

l, Born:		
Name shown in IR	S	YYYY/MM/DD
Registration #:	Registration Group:	
		Band Name
☐ Would Like to: <b>OR</b>		
☐ Would like my child,		to:
Child	's full name	Registration #
{Choose the appropriate changes(s)}		
☐ Add an ALIAS surname and/or ☐ A	LIAS given name(s)	
Remove ALIAS name		
☐ Revert to BIRTH NAME <sup>1</sup> or ☐ A	dd BIRTH NAME¹	
☐ Amend surname² and/or ☐ given na	ame(s)²	
Amend date of birth³		
☐ Verify that I am/my child is the same perso		
☐ Add or amend parental information⁴ (NOT		
☐ Amend category from 6(2) to 6(1)(f)⁴		
☐ Amend residency to ☐ On (own) re	serve	ve Off reserve
Amend province/state/country to		
Request new registration number to remov	e family or marriage affiliation⁵	
<sup>1</sup> If the birth name has never been established, an original birt acceptable if request is for an adult. <sup>2</sup> Original birth certificate listing parent(s) name(s) required an acceptable if request is for an adult. "*Copy of legal change o the new name. Copy of ID must be signed and dated by a Gu Original birth certificate listing parent(s)' name(s) required. Surginal birth certificate listing parent(s)'s names and/or original birth certificate listing parent(s)'s names and original birth cer	d/or original certificate of legal change of name document is acceptable if valid gove arantor and a Guarantor Declaration must l hort form birth certificate is acceptable if re	ame. *Short form birth certificate is ernment-issued photo ID can be provided in be completed. quest is for an adult.
×	Mailing Address	s – Number/Street/Apt/PO Box
Signature of Adult Applicant (16 years of	A 11 00	I David and 100-1-1 David 1171 and 1
age or older) or Parent/Legal Guardian	Address – City (	Province/State   Postal/Zip Code
Date:	Telephone Num	ıber