



PROTECTED B
when completed

STATEMENT OF CONSENT FOR TRANSFER OF AN ADULT
(16 years of age or older)

Name of Adult: _____

Residence (after transfer is completed):

Date of Birth: _____

On (own) reserve

Current Registry No.: _____

On (other) reserve

Off Reserve

Crown land

STATEMENT:

This is to confirm that I, _____ am accepted as a
(Name of Adult)

member of the _____ Band/First Nation,
(Admitting Band/First Nation)

I hereby consent to the removal of my name from the _____
(Current Band/First Nation)

Band List/Registry Group.

REQUESTER'S SIGNATURE:

x

Signature of Adult

Mailing Address: Number/Street/Apartment/P.O. Box

Mailing Address: City | Province/State | Postal/Zip Code

()

Telephone Number

Date