



Section A - Personal Information of Tłıchq Applicant

1. Name of Tłıchq Applicant:

First Name	Middle Name	Last Name

2. Applicant Information:

Date of Birth: _____ (day /month/ year/)	Birth Certificate Registration #: _____
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Place of Birth: _____ Community, Territory or Providence	Health Care #: _____
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Gender: <input type="checkbox"/> Female or <input type="checkbox"/> Male	Treaty Status #: _____
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Provide a photocopy of the following documents for proof of identification:

- Long Form Birth Certificate, Health Care Card,
 Treaty Status card or letter from INAC, and Adoption papers.

3. Contact Information for Tłıchq Applicant:

Email contact:	Cell No:	Home Phone No.:
House Number:	PO Box / RR:	Street Address:
City/Town:	Territory/Province:	Postal Code:

4. Legal Parents of Applicant:

Parent A Name: _____		
Email Contact: _____	Phone No. Contact: _____	
Is Parent A a Tłıchq Citizen <input type="checkbox"/> Yes or <input type="checkbox"/> No	Treaty Status #: _____	
Parent B Name: _____		
Email Contact: _____	Phone No. Contact: _____	
Is Parent B a Tłıchq Citizen: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Treaty Status #: _____	



Part B – Biological Family History

5. Family History of Applicant:

Mother	Grandfather	Great-grandfather	
		Great-grandmother	
		Great-grandfather	
	Grandmother	Great-grandmother	
Applicant		Great-grandfather	
		Great-grandmother	
		Great-grandfather	
		Great-grandmother	
Father	Grandfather	Great-grandfather	
		Great-grandmother	
		Great-grandfather	
	Grandmother	Great-grandmother	



Part B – Adopted Family History

6. Family History of Applicant:

<p>Mother</p> <p>Applicant</p> <p>Father</p>	Grandfather	Great-grandfather	
		Great-grandmother	
	Grandmother	Great-grandfather	
		Great-grandmother	
		Great-grandfather	
		Great-grandmother	

Section C - Adoption Information for Tłıchq 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:

Date of Birth: (day/month/year/)

Place of Birth:

Are they a Tłıchq
Citizen

Yes or No

Treaty Status #:

Full Name of Birth Father:

Date of Birth: (day/month/year/)

Place of Birth:

Are they a Tłıchq
Citizen

Yes or No

Treaty Status #:

Section D - Eligibility Criteria

10. Part A

a. Are you a Tłıchq Person (Please check one box only):

- Have Aboriginal ancestry and had resided in and had used and occupied any part of Mqwhi Gogha Dè Njıttèè 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
- Whatı First Nation Band;
- Gamèti First Nation Band;
- Dechi Laot'i First Nations Band (Wekweèti); or
- Are you a descendant of a band member?
If yes, please state what band you are descendant from: _____



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 Tłıchq custom, by a person described in (a.) or (b.); or
- By a Tłıchq 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 Tłıchq person but as a result of adoption as a child became a citizen of a country other than Canada?

Part E - Another Land Claim Agreement

11. Enrollment Under another Land Claim Agreement

a. 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: _____

b. If you answered "Yes" under 11.a are you prepared to withdraw from enrollment under other land claim agreement?

- Yes, or No. Please initial: _____



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

Part G – Signature of Tłıchq Applicant

13. Signature of Applicant applying for Tłıchq 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.