DEPARTMENT OF INDIAN AFFAIRS – ALBERTA REGION
FOR REGISTRATION OF STATUS UNDER THE INDIAN ACT
PARENTAL STATEMENT OF CONSENT
Information on Baby

Name of Child: _____ _____
Last Name Given Names

Date of Birth: _____ Sex: _____

Place of Birth:

Information on the Father	**Information on the Mother**
Name of the Father: _____ Last Name	Name of the Mother: _____ Last Name
Given Names	Given Names
Date of Birth: _____	Date of Birth: _____
Is the Father a Registered Indian (circle) YES NO	Is the Mother a Registered Indian (circle) YES NO
If Yes, Band Name: _____	If Yes, Band Name: _____
Treaty Number: _____	Treaty Number: _____
Does the Father Reside On Own Reserve____ On Other Reserve _____ Off Reserve _____	Does the Mother Reside On Own Reserve____ On Other Reserve _____ Off Reserve _____

Please Check One Box (per question)

1. Child Resides _____ On Reserve _____ Off Reserve
2. Is The Child Adopted _____ Yes _____ No
3. Child is to be Registered With: _____ Mother _____ Father
4. The Child is in Custody of: _____ Mother _____ Father _____ Both Parents
   or _____ Guardian _____ Children's Services _____ Other

NOTE: If child is in custody of a guardian other than the parent or if one parent has sole custody, please attach court documents providing proof of custody.

X _____ X _____
Father's Signature Mother's Signature

_____ _____
Address/Box Number Address/Box Number

_____ _____
City/Town & **Postal Code** City/Town & **Postal Code**

_____ _____
Area Code & Telephone Number Area Code & Telephone Number

_____ _____
Witness Witness
*A Third Party Witness *A Third Party Witness
Date:

Date: _____ _____

*This form must be witnessed by a third party over the age of 18
****Document must match** with the **REGISTRY PAGE**, otherwise verification is needed (both parents signatures)

Please return to: Indian and Northern Affairs Canada, Alberta Region
630 Canada Place, 9700 Jasper Avenue, Edmonton AB T5J 4G2
FAX NO : (780)495-7736

A COPY OF A FRAME SIZE BIRTH CERTICATE MUST BE ATTACHED.