



Mistawasis Nehiyawak  
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Leask SK S0J 1M0  
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## Band Transfer Consent Form for a Minor

BCR File Number: \_\_\_\_\_ Date: \_\_\_\_\_

Minor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Registry Number: \_\_\_\_\_

### STATEMENT

This is to confirm that if my Child: \_\_\_\_\_

Is accepted as a member of the Mistawasis Nêhiyawak Band hereby consent to the removal of his/her name from the \_\_\_\_\_ Band List and addition of his/her name to the Mistawasis Nêhiyawak Band List.

### Parents Signatures & Contact Information

Mother Full Name: \_\_\_\_\_

Print Name

Mailing Address: \_\_\_\_\_

Street

City Province Postal Code

Telephone No

Mother's Signature: \_\_\_\_\_

Father Full Name: \_\_\_\_\_

Print Name

Mailing Address: \_\_\_\_\_

Street

City Province Postal Code

Telephone No

Father Signature: \_\_\_\_\_

**BOTH PARENTS MUST SIGN THIS FORM, IF BOTH PARENTS ARE ON THE LONG FORM BIRTH CERTIFICATE OR UNLESS ONE PARENT HAS LEGAL CUSTODY, THEN A COPY OF THE CUSTODY ORDER WILL BE REQUIRED.**