

Nisga'a Citizenship Card Application For Minor(s)

Full Legal Name:	
Date of Birth: / / / MMM / DD	Gender: Male Female
Mailing Address: P.O.Box #	City/ Town:
Province: Postal Co	ode:
Permanent Street Address:	City/Town:
Province: Postal Code:	Phone Number:
Nisga'a Village:	Tribe:
Indian Registration Number:	Citizenship Number:
related to this Nisga'a citizenship card app and the provision of Programs and Services.	rnment to use, disclose and share my personal informat blication for purposes of administering the Treaty, Nisga's. I understand that my personal information for my apple bject to my consent, is stored securely and confidentially
for permission to use, disclose and share my of consenting, or refusing to consent to t	y personal information, and I am aware of the risks or be
for permission to use, disclose and share my of consenting, or refusing to consent to the understand that I	ly personal information, and I am aware of the risks or be the use, disclosure and sharing of my personal information may revoke this consent at any time.
for permission to use, disclose and share my of consenting, or refusing to consent to the understand that I	ty personal information, and I am aware of the risks or bethe use, disclosure and sharing of my personal information may revoke this consent at any time. CashChequeExempt(6)
for permission to use, disclose and share my of consenting, or refusing to consent to the understand that I	ent reasonable necessary. I understand why I have been all personal information, and I am aware of the risks or been the use, disclosure and sharing of my personal information may revoke this consent at any time. Cash Cheque Exempt(6) X Signature of Parent / Guardian