

**RETURN THIS FORM TO:**

**SANDI REVIKIN, I.R.A.  
KISPIOX BAND COUNCIL  
1336 KISPIOX VALLEY ROAD  
KISPIOX, B.C., VOJ 1Y4**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL:**

**842 – 5248 / 5249 EXT 234 OR**

**OUR TOLL FREE NUMBER: 1 – 877 – 842 - 5911**

***PARENTAL CONSENT FOR REGISTRATION STATEMENT OF BAND AFFILIATION***

**We,** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
Mother's full name Birthdate (YYYY/MM/DD)

**Band Name:** \_\_\_\_\_ **Registry Number** \_\_\_\_\_

**And** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
Father's full name Birthdate (YYYY/MM/DD)

**Band Name:** \_\_\_\_\_ **Registry Number** \_\_\_\_\_

**Wish our child:** \_\_\_\_\_  
Given name Middle name Surname

**Born:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Birthdate (YYYY/MM/DD) Male/Female

**To be registered with:**  Mother  Father  
**Is the child adopted?**  Yes  No

**\*\*If the child is adopted please attach a copy of the adoption order.**

**Child resides:**  On own reserve  On other reserve  Off reserve

**Mother resides:**  On own reserve  On other reserve  Off reserve

**Father resides:**  On own reserve  On other reserve  Off reserve

**The child is in the custody of:**  Mother  Father  Both Parents  
 Legal Guardian  Ministry of Children & Family Development

**The original large birth certificate that states parents' names must be attached.\*\*Please note: Should the child be in the custody of a guardian or if one parent has sole custody, please attach a copy of the court order.**

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address – if different from mothers

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*Please use ink pen and print clearly – any errors with amendments must be initialed by all who sign.\*\*\*\*\*