



# Huu-ay-aht First Nations Enrolment Application

**Citizenship and Enrolment Committee**

**c/o HFN Government Office**

**4644 Adelaide Street,**

**Port Alberni, BC V9Y 6N4**

**Phone: 250.723.0100**

**Fax: 250.723.4646**

**Email: [lawclerk@huuayaht.org](mailto:lawclerk@huuayaht.org)**

**Website: [www.huuayaht.org](http://www.huuayaht.org)**

**Date Received**

**Applicant Name:**

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Adult

Minor (15 and under)

The information on this form is collected under the authority of the *Citizenship and Treaty Enrolment Act (HFN)*. The information provided will be used to fulfil the requirements of Eligibility and Enrolment under the Maa-nulth Treaty. If you have any questions about the collection or use of this information, please contact the Law Clerk at 250.723.0100



**This is an application form for enrolment as a Huu-ay-aht Citizen under the Maa-nulth Final Agreement (Final Agreement).**

There are 9 pages in this application form. If you need assistance in completing this application, please contact the Citizenship and Enrolment Clerk at 250.723.0100, or email [enrol@huyuayaht.org](mailto:enrol@huyuayaht.org). Parents or guardians may complete this application form on behalf of their minor children or individuals for whom they are legal guardians.

The information you provide in this application will be used to determine your eligibility to be enroled as a Huu-ay-aht Member under the Final Agreement.

Your application will be assessed by the Huu-ay-aht Citizenship and Enrolment Committee based on the eligibility criteria set out in the Citizenship and Treaty Enrolment Act.

**You are eligible to enrol as a Huu-ay-aht citizen under Part 2, Section 4 of the Citizenship and Treaty Enrolment Act if you are:**

1. A Huu-ay-aht treaty participant; **OR**
2. An individual whose name is registered on the official March 31, 2011 Huu-ay-aht Band list.

All existing Huu-ay-aht First Nations band members are entitled to be enroled and those applications will be approved by the Citizenship and Enrolment Committee. However, all existing band members **must** complete an enrolment application and submit it to the Committee in order to be enroled.

**NOTE: It is your responsibility to keep the Citizenship and Enrolment Committee informed of your current address and personal information.**



Applications will be considered incomplete or denied if the following forms have not been filled out, or you have not attached the necessary documentation, and/or you and your witness have not signed the Declaration.

In this package you will find:

- Cover Page – page 1
- General Information - pages 2 & 3
- Preliminary Eligibility Questions – page 4
- Personal Information – page 5
- Ancestral Chart (**mandatory**) – page 6
- Documentation (attach photocopies) – page 7
- Enrolment in Another Indian Band – page 8
- Declaration (must be signed and witnessed by another person) – page 9

All information that you provide in this application will be kept strictly confidential as provided under federal and provincial law and Huu-ay-aht law. **Submitting an incomplete application or false statement may cause a delay in its determination and may result in its rejection.**

**YOU MAY APPLY AT ANY TIME TO BE ENROLED AS A HUU-AY-AHT CITIZEN UNDER THE FINAL AGREEMENT. IF YOU CHOOSE NOT TO ENROL, YOU WILL NOT BE ELIGIBLE FOR TREATY BENEFITS.**

Please answer all the questions to the best of your ability and remember...

**It is your responsibility to prove that you meet the enrolment criteria**





**APPLICANT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_  Male  Female

Place of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you a registered Status Indian under the Indian Act in Canada?  Yes  No

Status/Band Number: \_\_\_\_\_ Name of Band: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status:  Single  Widowed  Divorced  Separated

Married Maiden Name (if applicable): \_\_\_\_\_

Common-law Name of spouse (if applicable): \_\_\_\_\_

If your spouse is aboriginal, which band/First Nation/tribe is he/she from?  
\_\_\_\_\_

Are you known by any other names or have an ancestral name? \_\_\_\_\_

Have you ever had a legal name change?  Yes  No

If yes, what was your name before this change? \_\_\_\_\_



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## ANCESTRAL CHART

Please use maiden names

Please use NA if the question is not applicable, such as for Date of Death - NA

Please use Unknown if the information is unknown, forgotten or records are lost

<b>Father Name</b>  Date of Birth Place Date of Marriage Place Date of Death Place Band/Status#		<b>Grandfather Name</b>  Date of Birth Place Date of Marriage Place Date of Death Place Band/Status#	<b>Grandmother Name</b>  Date of Birth Place Date of Death Place Band/Status#
<b>Applicant's Name</b>  Date of Birth Place Date of Marriage Place Band/Status #			
<b>Spouse Name</b> Born Place Band/Status#	<b>Grandfather Name</b>  Date of Birth Place Date of Marriage Place Date of Death Place Band/Status#		
<b>Mother Name</b>  Date of Birth Place Date of Marriage Place  Date of Death Place Band/Status#	<b>Grandmother Name</b>  Date of Birth Place Date of Death Place Band/Status#		
		<b>Great-Grandfather Name</b> Date of Birth Date of Marriage Date of Death Band/Status#	<b>Great-Grandmother Name</b> Date of Birth Date of Death Band/Status#
		<b>Great-Grandfather Name</b> Date of Birth Date of Marriage Date of Death Band/Status#	<b>Great-Grandmother Name</b> Date of Birth Date of Death Band/Status#
		<b>Great-Grandfather Name</b> Date of Birth Date of Marriage Date of Death Band/Status#	<b>Great-Grandmother Name</b> Date of Birth Date of Death Band/Status#
		<b>Great-Grandfather Name</b> Date of Birth Date of Marriage Date of Death Band/Status#	<b>Great-Grandmother Name</b> Date of Birth Date of Death Band/Status#



**DOCUMENTATION**

To complete this application, please list the documentation you are attaching to prove your identity and the facts relevant to the Huu-ay-aht eligibility criteria.

Please provide a photocopy (both sides) of two pieces of identification or more of the following:

<b>TYPE OF DOCUMENT</b>	<b>ISSUE DATE ON DOCUMENT (yyyy/mm/dd)</b>
Birth Certificate	
Marriage Certificate	
Divorce Certificate	
Adoption Certificate	
Drivers License	
BC Identification	
Status Card	

You may use the space below to provide any other documentation which is relevant to the Huu-ay-aht eligibility criteria that proves your identity (i.e. statutory declaration).

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**ENROLMENT IN ANOTHER INDIAN BAND**

If you meet the Huu-ay-aht eligibility criteria, and you are presently a **member** of another Indian Band in Canada, you may be enroled as a Huu-ay-aht citizen **only** if you withdraw membership from that Indian band.

1. Are you presently a member of another Indian band in Canada?

**YES**       **NO**    If NO, go to page 9

2. Are you prepared to withdraw from membership in the other Indian band in order to enrol as a Huu-ay-aht citizen?

**YES**       **NO**

**Note that the Huu-ay-aht eligibility criteria provides that an individual can not be a member of another band or tribe.**



**DECLARATION**

**APPLICANT:**

I, \_\_\_\_\_ (print name), also known as  
(i.e. ancestral name) \_\_\_\_\_, SOLEMNLY  
DECLARE that the facts contained in this application are true, to the best of my  
knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed (yyyy/mm/dd)

**WITNESS To Applicant's Signature:**

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date signed (yyyy/mm/dd)

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
Witness Name (please print)



**APPLICANT ON BEHALF OF:**

I, \_\_\_\_\_ (print name), SOLEMNLY DECLARE that the facts contained in this application are true, to the best of my knowledge and I am authorized to sign on behalf of \_\_\_\_\_ (print name), a minor (17 years of age and under) or an adult whose affairs that I have the legal authority to manage.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

**WITNESS to Parent/Guardian's Signature:**

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Witness Name (please print)

Contact information

\_\_\_\_\_  
\_\_\_\_\_