



# STATEMENT OF CONSENT FOR TRANSFER OF AN *ADULT*

(16 years or older)

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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

Current Registry No.: \_\_\_\_\_

**STATEMENT:**

This is to confirm that I, \_\_\_\_\_ am accepted as a  
(name)

member of the Binche Whut'en Band/First Nation,  
(Admitting Band/First Nation)

I hereby consent to the removal of my name from the Tl'azt'en Nation  
(Current Band/First Nation)

Band List/Registry Group, and the addition of my name to the Binche Whut'en  
(Admitting Band/First Nation)

Band List/Registry Group.

**REQUESTER'S SIGNATURE:**

**x**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address: Number/Street/Apt/PO Box

\_\_\_\_\_  
Mailing Address: City | Province/State | Postal/Zip Code

( )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Resides:**  
On (own) reserve \_\_\_\_\_  
On (other) reserve \_\_\_\_\_  
On crown land \_\_\_\_\_  
Off Reserve \_\_\_\_\_