



STATEMENT OF CONSENT FOR TRANSFER OF A *MINOR*

(Under 16 years of age)

Minor's Name:	_____	<u>Child resides:</u>	_____
Date of Request:	_____	On (own) reserve	_____
Date of Birth:	_____	On (other) reserve	_____
Current Registry No.:	_____	Off reserve	_____
		Crown land	_____

STATEMENT:

This is to confirm that my/our child, _____ is
(Name)

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

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

_____ Band List/Registry Group.

SIGNATURE OF PARENT(S) / LEGAL GUARDIAN(S):

X

Signature of Mother/Legal Guardian

Printed Name of Mother/Legal Guardian

Address: Number/Street/Apartment/P.O. Box

Address: City/Town | Province/State | Postal/Zip Code
()

Telephone number

Date

X

Signature of Father/Legal Guardian

Printed Name of Father/Legal Guardian

Address – Number/Street/Apartment/P.O. Box

Address – City/Town | Province/State | Postal/Zip Code
()

Telephone number

Date