

The M'Chigeeng Anishinaabek Belonging Law 2019

APPLICATION UNDER SECTION 5 OF THE BELONGING LAW

Please fill out PART A, B, C, D and E.

For PART E: M'CHIGEENG FIRST NATION SPONSOR - The Applicant's Sponsor must fill out this section and ensure the Sponsor Acknowledgement is signed and dated. Also, the Applicant's Sponsor will need to make a written statement stating the applicant's connection to M'Chigeeng First Nation and attach to the application. If the application is incomplete, it will be returned to the applicant.

The Citizenship Committee will meet within (90) days of receipt of this application.

Once application is complete, please return to:

**MFN Administration Office
c/o M'Chigeeng Citizenship Committee
P.O Box 333
53 Hwy 551
M'Chigeeng, ON
POP 1G0
705.377.5362**

You will be notified in writing, the date your application is received as well as the decision of the M'Chigeeng Citizenship Committee.





M'CHIGEENG FIRST NATION ANISHINAABEK BELONGING LAW

2019



APPLICATION UNDER SECTION 5

1. Please complete this application as fully as possible. If you wish to provide additional information, please use a separate sheet and attach to your application.
2. All information in this application will be kept confidential except, **Citizenship Clerk, Chief and Council** and the **M'Chigeeng Anishinaabek Citizenship Committee** and/or the **M'Chigeeng Anishinaabek Citizenship Appeals Committee** of the M'Chigeeng First Nation. They may make inquiries to various persons to verify or complete the information in this application.
3. When completed, submit the original application by mail or in person to:

M'Chigeeng First Nation
c/o the Citizenship Clerk
Private and Confidential
53 Hwy 551
P.O. Box 333
M'Chigeeng Ontario
P0P 1G0

4. Acceptance of your application ultimately

M'CHIGEENG ANISHINAABEK BELONGING LAW APPLICATION – SECTION 5 APPLICANTS

FOR INTERNAL PURPOSES ONLY	
Date Application Received at Administration Office	
Date the M'Chigeeng Anishinaabek Citizenship Committee Received	
Date of the Citizenship letter sent to Applicant stating receipt of Application	
Date of the M'Chigeeng Anishinaabek Citizenship Committee Meeting	
Date of the 2 Year Provisionary Start Date (if approved and accepted)	

APPLICATION UNDER SECTION 5 OF BELONGING LAW

PART A: INFORMATION ABOUT YOU, THE APPLICANT

Last Name:		Middle Name:	
First Name:		Alias:	
Date of Birth: (dd/mm/yyyy)		Place of Birth:	
Address	Street/Hwy:	Apt/Unit #:	
	City:	Province/State:	
	Country:	Postal Code/Zip Code:	
Email:			
Telephone:		Cell:	
Indian Act Registration Number:		Band Name:	

NOTE: If you are accepted by the M'Chigeeng First Nation, you will be required to renounce any other Band Membership.

Have you ever resided on a Reserve or on the M'Chigeeng First Nation?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes:</i> From _____ to _____
If you are admitted to the M'Chigeeng First Nation, will you take up residence on the Reserve?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes</i> Total number of family members: _____
Do you speak Ojibwe?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your commitment to M'Chigeeng Anishinaabek?	

PART B: INFORMATION ABOUT YOUR FAMILY

Marital Status	Single <input type="checkbox"/>			Married <input type="checkbox"/>			Common Law <input type="checkbox"/>			Widow <input type="checkbox"/>		
	Divorced <input type="checkbox"/>			Separated <input type="checkbox"/>			Other <input type="checkbox"/>			_____		
	Spouse's Name: _____											
	Spouse's Address: _____											
If Common Law, how long have you been in that relationship?												
Method of Marriage	Civil <input type="checkbox"/>			Traditional Ceremony <input type="checkbox"/>			Other: _____					
Is your Spouse a registered Indian?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			Uncertain <input type="checkbox"/>			Unaffiliated Band <input type="checkbox"/>		
If Yes, Indian Act Registration Number: _____ Band Name: _____												
Are you and your spouse living together as a family unit?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			How many children or other dependents reside with you, or who are in your care and custody?					

PART C: INFORMATION ABOUT YOUR PARENTS

1. Your Mother

Last Name:				Middle Name:				
First Name:								
Maiden Name:				Alias:				
Date of Birth: (dd/mm/yyyy)				Place of Birth:				
My mother is living	Yes <input type="checkbox"/>			No <input type="checkbox"/>				
	If Yes, Address: _____							
	Telephone: _____							
Indian Act Registration Number				Date IAR Number Received	None <input type="checkbox"/>			Unknown <input type="checkbox"/>
Is your mother presently a member of the M'Chigeeng First Nation?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			Uncertain <input type="checkbox"/>	Affiliated Band <input type="checkbox"/>
My mother is deceased	Date of Death: _____							
	Place of Death: _____							

Was she a member of M'Chigeeng First Nation when she died?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Was your mother registered as an Indian or entitled to registration when she died?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Is your mother registered with another First Nation or Indian Band?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
	If Yes, Band Name: _____		
	If Yes, Band Name: _____		

PART C: INFORMATION ABOUT YOUR PARENTS

2. Your Father

Last Name:		Middle Name:	
First Name:		Alias:	
Date of Birth: (dd/mm/yyyy)		Place of Birth:	
My father is living	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Address: _____ Telephone: _____		
Indian Act Registration Number		Date IAR Number Received	None <input type="checkbox"/> Unknown <input type="checkbox"/>
Is your father presently a member of the M'Chigeeng First Nation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/> Affiliated Band <input type="checkbox"/>
My father is deceased	Date of Death: _____ Place of Death: _____		
Was he a member of M'Chigeeng First Nation when he died?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Was your father registered as an Indian or entitled to registration when he died?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Is your father registered with another First Nation or Indian Band?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
	If Yes, Band Name: _____		

PART D: INFORMATION ABOUT YOUR DEPENDENTS

Please provide the following for each child or dependent person residing with you or in your care. Make copies of this page if you have more than one child or dependent			
Last Name:		Middle Name:	
First Name:		Alias:	
Date of Birth: (dd/mm/yyyy)		Place of Birth:	
Sex	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Relationship to you
Did you adopt this dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date of Adoption: _____ Custom Adoption: _____		
Registered Indian	Yes <input type="checkbox"/> No <input type="checkbox"/> Affiliated <input type="checkbox"/>		
	Registration Number: _____ Date of Registration: _____		
Member of an Indian Band?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes: Name of Band: _____		
Living with you	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will this child live with you if you reside on M'Chigeeng First Nation?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PART E: M'CHIGEENG FIRST NATION SPONSOR

(NOTE: The Applicant's Sponsor must fill out this section)

Last Name:		Middle Name:	
First Name:		Alias:	
Date of Birth: (dd/mm/yyyy)		Place of Birth:	
Address	Street/Hwy:		Apt/Unit #:
	City:		Province/State:
	Country:		Postal Code/Zip Code:
Email:			
Telephone:		Cell:	
Indian Act Registration Number		I have been a member of M'Chigeeng First Nation since:	_____ (dd/mm/yyyy)
I am a resident on M'Chigeeng First Nation	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, since _____ (dd/mm/yyyy)	How long have you known the applicant?	
Connection to applicant?	Family member Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what is the familial connection: _____ If No, Other: _____		
Sponsor's written statement	Yes <input type="checkbox"/> No <input type="checkbox"/> The sponsor is requested to complete a written statement addressing the following points: a) Applicant's connection to M'Chigeeng First Nation b) His/her commitment to M'Chigeeng First Nation c) Applicant's knowledge of M'Chigeeng First Nation d) Applicant's knowledge of the history of M'Chigeeng Anishinaabek e) Applicant's knowledge of the customs, traditions and culture of M'Chigeeng Anishinaabek f) Applicant's knowledge of the rights of M'Chigeeng Anishinaabek		

PART E: M'CHIGEENG FIRST NATION SPONSOR

(NOTE: The Applicant's Sponsor must fill out this section)

SPONSOR ACKNOWLEDGMENT

I, _____ (Sponsor's full name), have read _____ (Applicant's full name) application and an attached written statement and believe that all information contained herein is true and correct. I have personally known _____ (Applicant's full name) for _____ years.

I willingly choose to support _____ (Applicant's full name) decision to apply for citizenship to the M'Chigeeng First Nation and will speak to the application and written statement if called on to do so by Chief and Council.

I will not receive any monies or benefits of any kind in exchange for my sponsorship.

Printed Name

Signature

Date (dd/mm/yyyy)

PART G: APPLICANT CRIMINAL REFERENCE CHECK

The Applicant 18+ must provide a Criminal Reference Check dated within the 30 (thirty) days preceding the filing of the Application Form with M'Chigeeng First Nation. The Citizenship Committee will be responsible for any amends as required from time to time per motion 457/19. Please submit in a separate envelope marked "Private and Confidential" and Addressed to:

M'Chigeeng First Nation c/o Citizenship Clerk

53 Hwy 551 P.O. Box 333

M'Chigeeng Ontario POP 1G0