



CONFIRMATION OF RESIDENCY

Date: _____

I, _____, _____, wish to confirm my residency:
Name Registration Number

- On Reserve (Own Band)
- On Reserve (Other Band)
- Off Reserve

Signature: _____

ADDRESS REQUIRED: _____

Note: 1 form for every member, if completed for a child under 18, 1 parent must sign and supply a copy of identification for parent