

IMPORTANT ▶

To apply for the Certificate of Indian Status (CIS), you must first be a registered Indian as defined in the Indian Act.

APPLICATION FOR CERTIFICATE OF INDIAN STATUS

Privacy Act Statement

The information you provide on this document is collected under the authority of the Privacy Act for the purpose of issuing a Certificate of Indian Status and will be stored in personal information bank no. INA/P-PU-110. Personal information that you provide is protected under the provisions of the Privacy Act.

How to Apply

You may apply in person to any Indian Registry Administrators located in most band offices in Canada.

Applicants must provide proof of their identity to obtain a CIS. Please contact your band office or an INAC Regional Office to obtain information on identification and other requirements.

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Applicant Information							
Family Name			Alias				
Given Name(s)							
Date of Birth (YYYYMMDD)	Name of Band					Registration Number	
If the above applicant is under 1	2 years of age th	e parent/guardian ı	nust co	omplete the	following:		
Family Name of Parent/Guardian			Given Name(s) of Parent/Guardian				
Declaration of Applicant I read the <i>Privacy Act</i> Statement al certify the accuracy of the informat			and pho	to for recordi	ng on the Cert	ificate of	Indian Status and I
Date (YYYYMMDD) Signed at (City/Town, Province/Territory) Signature							
Applicant Mailing Address (optional) To be completed only if the applicant wishes the CIS to be mailed, rather than picked up.							
Mailing Address (Apartment, Street No., Street, City)dresse postale (appartement, numéro de rue, rue, ville)							
Telephone Number - Home	Telephone Nu	ımber - Business	Pro	Province or Territory			Postal Code
FOR OFFICE USE ONLY							
Reason							
○ First Card ○ Lost		O Lost Card	rd OPer			sonal Information Change	
Renewal of Card	Renewal of Card Replacement			d Stolen Card			
Documents Produced to Verify Iden	ntity	1					No.
Certificate of Indian Status - Certificate Number		Verify in Indian Registration System Issuing Off			Issuing Office	er Name	(Please Print)