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SWORN DECLARATION

REVIEW OF APPLICATIONS FOR MEMBERSHIP IN THE QALIPU MI'KMAQ FIRST NATION

PRIVACY ACT STATEMENT

The information provided in this document is collected under the authority of the Agreement for the Recognition of the Qalipu Mi'kmaq First Nation Band and the *Indian Act*, 1985 R.S.C. I-5, for the purpose of identifying and registering the Founding Members of the Qalipu Mi'kmaq First Nation. The personal information that is provided is used by the Members and Clerks of the Enrolment Committee and by the employees of the Office of the Indian Registrar of Aboriginal Affairs and Northern Development Canada (AANDC), and will be retained by AANDC for an indefinite period of time. Individuals have the right to the protection of and access to their personal information under the *Privacy Act*, R.S.C. 1985, c.P-21. The collection, use, disclosure and retention of personal information are described in the Personal Information Bank INA PPU 110, online at www.infosource.gc.ca. By signing this application, the applicant (or his or her parent/legal guardian, if the applicant is a dependent adult) hereby consents to the collection, use, disclosure and retention of the personal information provided herein in accordance with the above.

NOTICE TO ALL APPLICANTS

This form must be completed for each applicant submitting supporting document(s) as evidence of the applicant's frequent visits and/or communications with resident members of the Mi'kmaq Group of Indians on the island of Newfoundland and of the applicant's maintenance of the Mi'kmaq culture or way of life (i.e., evidence of <u>acceptance</u> as a Member of the Mi'kmaq Group of Indians of Newfoundland). See section 12 of the Directive to the Enrolment Committee and the Appeal Master(s) with respect to the application of paragraph 4(1)(d)(ii) of the Agreement for the Recognition of the Qalipu Mi'kmaq Band relating to acceptance as a Member of the Mi'kmaq Group of Indians of Newfoundland.

For applicants under the age of 18 at time of application, fulfillment of the criterion of <u>acceptance</u> as a Member of the Mi'kmaq Group of Indians of Newfoundland may also be based on documentation demonstrating that at least one of their parents had been accepted as a Member of the Mi'kmaq Group of Indians of Newfoundland.

PART 1 : PERSONAL INFORMATION						
Family Name (Last Name)		Given Name(s)				
Complete the following only if this Sworn Declaration is in support of a Child/Dependent Adult Application						
Child/Dependent Adu	lt's Family Name (Last Name)	Child/Dependent Adult's Given Name				
Address (Street Name and Number and Apartment/Unit Number if applicable)						
City/Town	Province/Territory/State		Postal/Zip Code	Country		
File Number (For an Adult Application, include the Applicant's File Number; for a Child/Dependent Adult Application, include the Child/Dependent Adult Applicant's File Number)						



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PART 2 : STATEMENT					
 I swear/affirm that each document attached to this declaration and listed below is an original or certified true copy of the original and, to the best of my knowledge, was not altered. 					
 I describe below how each document attached, numbered and listed relates to the applicant's participation in, or integration into, the ceremonial, religious, traditional or cultural activities of the Mi'kmaq Group of Indians of Newfoundland and to the applicant's acceptance as a member of this group. 					
PART 3 : SUPPORTING DOCUMENTATION (Please use additional sheets as required)					
# Document Type					
Description					
Document Type					
Description					
Document Type					
Description					
Document Type					
Description					
Document Type					



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	Document Type						
	Description						
	Document Type						
	Description						
PART 4 : DECLARATION							
(This form is to be signed in front of a lawyer, justice of the peace, notary public, commissioner of oaths or other							
officer authorized to take oaths in the jurisdiction.)							
I solemnly declare that, to my knowledge, the statements made in this declaration are true.							
Signature of Applicant (or his or her parent/legal guardian, if the Applicant is a minor; or legal guardian, if the Applicant is a dependent adult)							
X							
Office	er authorized to take oath	s - Informati	on and De	eclaration			
Family Name (Last Name)		Given Name(s)					
Telephone No. (Daytime)							
()							
Swor	orn/Affirmed before me on Date (YYYY/I		MM/DD)	Signature of Officer (Affix Stamp)			
Signed	at (Municipality)	Province/State	e/Country	X			