

Anishinaabe of the Kitchizibi First Nation Registry Form

Purpose of Registration:

This serves as an application for the Anishinaabe of the Kitchizibi First Nation. By checking the box below you confirm you are self declaring to be Indigenous and or associated with AOKFN. Please verify reason for application below;

- ☐ Community Membership
- ☐ Program Enrollment
- ☐ Other: _____



Personal Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Gender:** ☐ Male ☐ Female ☐ Two-Spirit ☐ Other: _____
- **AOKFN Number (if applicable):** _____
- **Language(s) Spoken:** _____



Contact Information

- **Mailing Address:** _____
- **Phone Number:** _____
- **Email Address:** _____



Family & Historical Accepted Bloodline

- **Parent(s)/Guardian(s):** _____
- **Grandparent(s):** _____
- **Historical Bloodline:** _____




Supporting Documents

Please attach the following (if applicable):

☐ Birth Certificate

☐ Proof of Residency

☐ Other: _____

 Declaration

I hereby declare that the information provided is true and complete to the best of my knowledge.

Signature: _____

Date: _____