



# Anishinaabe of the Kitchi Zibi First Nation

## Registry Application

Contact: [info@aokfn.ca](mailto:info@aokfn.ca) | Website: [www.aokfn.ca](http://www.aokfn.ca)

### SECTION 1 – APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Gender:  Male  Female  Two-Spirit  Other: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

### SECTION 2 – FAMILY & ANCESTRY INFORMATION

Parent 1 (Mother/Father/Other): \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth:  Yes  No  No  Unknown \_\_\_\_\_  
Parently Other: \_\_\_\_\_  
AOKFN Bloodline:  Yes  No  Unknown \_\_\_\_\_  
Grandparents (if known): \_\_\_\_\_  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_  
4. \_\_\_\_\_

### SECTION 3 – PROOF OF IDENTITY

Attach one of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Status Card      |
| <input type="checkbox"/> Passport          | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Driver's License  | <input type="checkbox"/> _____            |

### SECTION 4 – PROOF OF ANCESTRY

Attach any supporting documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Record                   | <input type="checkbox"/> Family Records       |
| <input type="checkbox"/> Genealogy Reports               | <input type="checkbox"/> Historical Documents |
| <input type="checkbox"/> Baptismal/Church Records        |   |
| <input checked="" type="checkbox"/> Historical Documents |   |
| <input type="checkbox"/> Fees: _____                     |   |

### SECTION 5 – DECLARATION

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Submit completed form and documents to: [info@aokfn.ca](mailto:info@aokfn.ca)