



# REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (SCIS) STATUTORY DECLARATION IN LIEU OF GUARANTOR

### Privacy Act Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the Indian Registration and the Secure Certificate of Indian Status programs is derived from the *Indian Act*. We use the personal information we collect to determine entitlement to registration in the Indian Register and membership in a First Nation for which the Band List is maintained by the Department, to issue a Secure Certificate of Indian Status to registered persons, and for the provision of benefits and services conferred exclusively to those who are registered. We may share the personal information you provide as outlined under Personal Information Bank AANDC PPU110 (Info Source <http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected is retained by the Department for 30 years after the last administrative action and then transferred to Library and Archives Canada (or as described in the Personal Information Bank). As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. If you have questions or wish to notify us of incorrect information, you may call us at 1-800-567-9604. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

### NOTICE TO APPLICANTS

The Secure Certificate of Indian Status (SCIS) remains at all times the property of the Government of Canada and must be used only by the person in whose name it is issued. Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, selling or permitting the use of your SCIS by any other individual or agency may lead to criminal prosecution, and is cause for revocation of your SCIS and refusal to issue a SCIS in the future. Any false or misleading statement, including the concealment of any material fact, may lead to a review of your entitlement to registration and revocation of your registered Indian status.

### IMPORTANT

- ▶ This form must be completed and signed before a Commissioner for Oaths, notary public or lawyer.
- ▶ Complete this form online, or write in block letters using black or dark blue ink.

### Applicant Information

- ▶ For the purposes of this declaration, the applicant is the adult (16 years of age or older) applying for registration and/or for the Secure Certificate of Indian Status (SCIS), or the parent/legal guardian applying for a child (15 years of age or younger) or dependent adult.

Family Name		Given Name(s)	
Alias / Cultural Name (if applicable)	Date of Birth (YYYYMMDD)	Registration number (10 digits) (if applicable)	

**Addresses** (List the addresses where you have lived in the last **five (5)** years, starting with your current address)

Number, Street, Apartment, P.O. Box	City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code	From (YYYYMMDD)	To (YYYYMMDD)

In the last **five (5)** years:  my employers were **and/or**  I was attending the following educational institutions

Employer/School	Address	Telephone Number	Nature of Employment/Studies	From (YYYYMMDD)	To (YYYYMMDD)



**References:** I have obtained the consent of **two (2)** references to be contacted to confirm my identify. My references, who are not relatives, have known me for at least **two (2)** years, are 18 years of age or older, and live in Canada or the United States.

1. Family Name		Given Name(s)		
Relationship to Applicant	Telephone No. (Daytime)	Reference known for _____ years (minimum 2 years)		
Address (Number/Street/Apartment/P.O. Box)	City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code
2. Family Name		Given Name(s)		
Relationship to Applicant	Telephone No. (Daytime)	Reference known for _____ years (minimum 2 years)		
Address (Number/Street/Apartment/P.O. Box)	City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code

**Note:**

As needed:

- **Both** references must sign and date the photocopies of the front and back of the applicant's identity documents.
- **One (1)** reference must sign, date and write the statement "This is a true likeness of (name of applicant/name of child or dependent adult)" on the back of **one (1)** Canadian passport-style photograph.

**Applicant Declaration**

For mail-in applications: I have presented to <b>both</b> references named above, for signature, photocopies of the front and back of my identity documents. I have presented to <b>one (1)</b> reference named above, one photograph for signature (if requesting a SCIS).	Document Type	Document Number
	Document Type	Document Number

The statements in the application for registration and/or for the SCIS, for:

myself      dated on \_\_\_\_\_ are correct in all respects.

the child/dependent adult      (YYYYMMDD)

Child/Dependent Adult's Name (as applicable)

**I solemnly declare** that I am unable to obtain an eligible guarantor as defined in the [Guarantor Declaration \(form 83-169E\)](#). To my knowledge, the statements made in this declaration are true and the photos enclosed (if a Secure Certificate of Indian Status is requested) are a true likeness of me or the child/dependent adult on whose behalf I am applying.

Signed at (Location)	Province/Territory/State	Signature of Applicant <b>X</b>	Date (YYYYMMDD)
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**Information and Declaration of Official**     Commissioner for Oaths     Notary Public     Lawyer

Family Name		Given Name(s)		
Telephone Number (Daytime)	Telephone Number (Evening) (Optional)	Facsimile Number (Optional)	Email Address (Optional)	
Name of Business/Organization (if applicable)				
Address (Number/Street/Apartment/P.O. Box)	City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code

**Declaration made before me**

Signed at (Location)	Province/Territory/State	Signature of Official (affix stamp) <b>X</b>	Date (YYYYMMDD)
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