



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

Privacy Act Statement

The personal information provided in this document is collected under the authority of the *Indian Act* to determine the applicant's entitlement to inclusion in the Indian Register and, if applicable, in a Band List maintained by the Department of Indian Affairs and Northern Development (DIAND), and to obtain an in-Canada format of a Secure Certificate of Indian Status (in-Canada SCIS). The applicant has the right to the protection of and access to his or her personal information under the *Privacy Act*. The personal information will be retained indefinitely by DIAND. Details of the collection, use, disclosure and retention of personal information are described in the Personal Information Bank INA PPU 110, available online at www.infosource.gc.ca.

NOTICE TO ALL APPLICANTS

The in-Canada 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 statements on this form or relating to any document in support of this application, including concealment of any material fact, selling the in-Canada SCIS or permitting any other individual or agency to use the in-Canada SCIS may lead to criminal prosecution and is cause for revocation of the in-Canada SCIS and refusal of any future SCIS issuance.

Important: This form must be completed and signed before a Commissioner for Oaths, Notary Public or Lawyer.

A Applicant Information (Complete in block letters using black or dark blue)

Note: For purposes of this statutory declaration, the applicant is the adult applying for registration or the parent/legal guardian applying on behalf of a child (15 years of age or younger) or dependent adult.

Family Name (Last Name)		Given Name(s)	
Alias	Date of Birth (YYYYMMDD)	Indian Registry No.	

Addresses (List your addresses in the last FIVE (5) years, beginning with the most current)

Number/Street/Apartment/P.O.Box	City/Town	Prov./Terr./State	From (YYYYMMDD)	To (YYYYMMDD)

In the last FIVE (5) years, my employers were and/or I was attending education institutions as follows:

Business/School	Address	Telephone No.	Nature of Employment/Studies	From (YYYYMMDD)	To (YYYYMMDD)



B References

I have personally sought the agreement and consent of the **TWO (2)** following persons, who are not my relatives and have known me for at least **TWO (2)** years, to be contacted to confirm my identity:

1. Family Name (Last Name)		Given Name(s)	
Relationship	Daytime Telephone No. ()	Has known me for (no. of years)	
Address Number/Street/Apartment/P.O.Box		City/Town	Prov./Terr./State Postal/ZIP Code
2. Family Name (Last Name)		Given Name(s)	
Relationship	Daytime Telephone No. ()	Has known me for (no. of years)	
Address Number/Street/Apartment/P.O.Box		City/Town	Prov./Terr./State Postal/ZIP Code

One reference must sign one of the photos on the reverse side with the statement "This image is a true likeness of (the name of applicant)". **BOTH** references are required to sign and date a copy of the front and back of the identity documents.

C Applicant Declaration

For mail-in application only: I have presented to the references named above for signature copies (both sides) of my identity documents which bear my photograph and signature and a passport type photograph.	Type of Document	Document No.
	Type of Document	Document No.
The statements in my application for Registration and in-Canada SCIS, dated on _____ (YYYYMMDD)	for <input type="checkbox"/> myself or <input type="checkbox"/> child/dependent adult are correct in all respects.	Child/Dependent Adult's Name (as applicable)
Declaration: I solemnly declare that I am unable to obtain an eligible guarantor as defined in the Guarantor Declaration (83-120E) and to my knowledge, the statements made in this declaration are true and the photos enclosed are a true likeness of me or the child/dependent adult on whose behalf I am applying.	Signed at (Location)	
	Prov./Terr./State	Date (YYYYMMDD)
		Signature of Applicant X

D Official Information and Declaration Commissioner for Oaths Notary Public Lawyer

Family Name (Last Name)		Given Name(s)	
Daytime Telephone No. ()	Evening Telephone No. (Optional) ()	Facsimile No. (Optional) ()	E-Mail (Optional)
Business Name, Address or Permanent Residence Address Number/Street/Apartment/P.O.Box		City/Town	Prov./Terr./State Postal/ZIP Code
Declaration made before me on	Date (YYYYMMDD)	Signature of Official (Affix stamp) X	
Signed at (Location)	Prov./Terr./State		