

INDIGENOUS MÉTIS QUESTIONNAIRE

This questionnaire is for those persons who may be Indigenous Métis of the South Slave region, Northwest Territories.

The purpose is to assist the Northwest Territory Métis Nation (the “NWTMN”), the Government of the Northwest Territories and the Government of Canada (the “Parties”) in their negotiations to achieve a NWTMN land and resources agreement.

This questionnaire does not predetermine eligibility criteria to be used to identify beneficiaries for a land and resources agreement to be concluded among the Parties.

A committee comprised of representatives from the NWTMN, the Fort Resolution Métis Council, Fort Smith Métis Council and the Hay River Métis Government Council will review all questionnaires to confirm the number of potential Indigenous Métis for purposes of the anticipated NWTMN land and resources agreement. The committee may request additional information to support a questionnaire. The committee will notify each individual of the results of their review.

The information contained in this questionnaire may be used in support of a membership application with one of the Métis Councils if the individual agrees.

Personal information collected in this questionnaire will only be used for the purposes identified above and will be protected in accordance with applicable privacy legislation.

For membership with one of the Métis Councils, an individual must apply directly with one of the Métis Councils (please see contact information on page 3). A person who is registered as an Indian under the *Indian Act* is not eligible for membership in the Métis Councils or the NWTMN.

PERSONAL INFORMATION

Last Name:	Maiden Name:
First Name:	Middle Name:
Nick Name (IF ANY):	Male <input type="radio"/> Female <input type="radio"/>
Date of Birth (YEAR/MONTH/DAY):	Place of Birth:
Mailing Address:	
NWT Health Number (residents of the NWT) (optional):	Blue Cross Health Number (residents of the NWT) (optional):
Home Phone:	E-mail:

INDIGENOUS MÉTIS QUESTIONS

1. Are you a Canadian Citizen? Yes No
-
2. Did you reside in Fort Resolution, Fort Smith or Hay River or surrounding area, and use and occupy the South Slave region on or before December 31, 1921, or are you a descendant of such a person? Yes No
-
3. Are you of mixed Chipewyan, Cree or Slavey and non-aboriginal descent? Yes No
-
4. Are you a child adopted by an Indigenous Métis parent? Yes No
-
5. Are you an Indigenous Métis child adopted by a non-Métis parent? Yes No
-
6. Are you registered as an Indian under the *Indian Act*? Yes No
-
7. Are you a member of an Indian Band? Yes No
-
8. Are you a beneficiary in another land claim agreement? Yes No
 If yes, which _____

CHILDREN

include all children under the age of 18, including any adopted children

Last Name	First Name	Date of Birth (YEAR/MONTH/DAY)	Sex	Canadian Citizen	Enrolled in a land claim agreement	Status Indian
1.			Male <input type="radio"/> Female <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
2.			Male <input type="radio"/> Female <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
3.			Male <input type="radio"/> Female <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
4.			Male <input type="radio"/> Female <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

GENEALOGY CHART

Find attached a genealogy chart for your completion.

DECLARATION OF PARENT / LEGAL GUARDIAN

I solemnly declare that I am the parent or legal guardian of the named individual(s) and that the statements made in this questionnaire are true to the best of my knowledge.

Signature

Date

Print Name

DECLARATION OF INDIVIDUAL

I solemnly declare that the statements made in this questionnaire are true to the best of my knowledge.

Signature

Date

Print Name

SUBMITTING QUESTIONNAIRE

You may submit your completed questionnaire, and supporting documentation, to any of the following administration offices:

Fort Smith Métis Council
 25 Camsell Street
 Fort Smith, Northwest Territories
 X0E 0P0

Hay River Métis Government Council
 10E Gagnier Street
 Hay River, Northwest Territories
 X0E 1G1

Fort Resolution Métis Council
 P.O. Box 1921
 Fort Resolution, Northwest Territories
 X0E 0M0

Northwest Territory Métis Nation
 P.O. Box 720
 Fort Smith, Northwest Territories
 X0E 0P0

FOR COMMITTEE ONLY

Date of Initial Verification:

Information Verified:
 Yes No

Additional information required :

Additional information required:
 Yes No

Date of Secondary Verification:

Secondary Verification Complete:
 Yes No

If incomplete, reasons why:

Date Individual Notified of Committee Results:

Signed on behalf of the Committee

Name:

Signature:

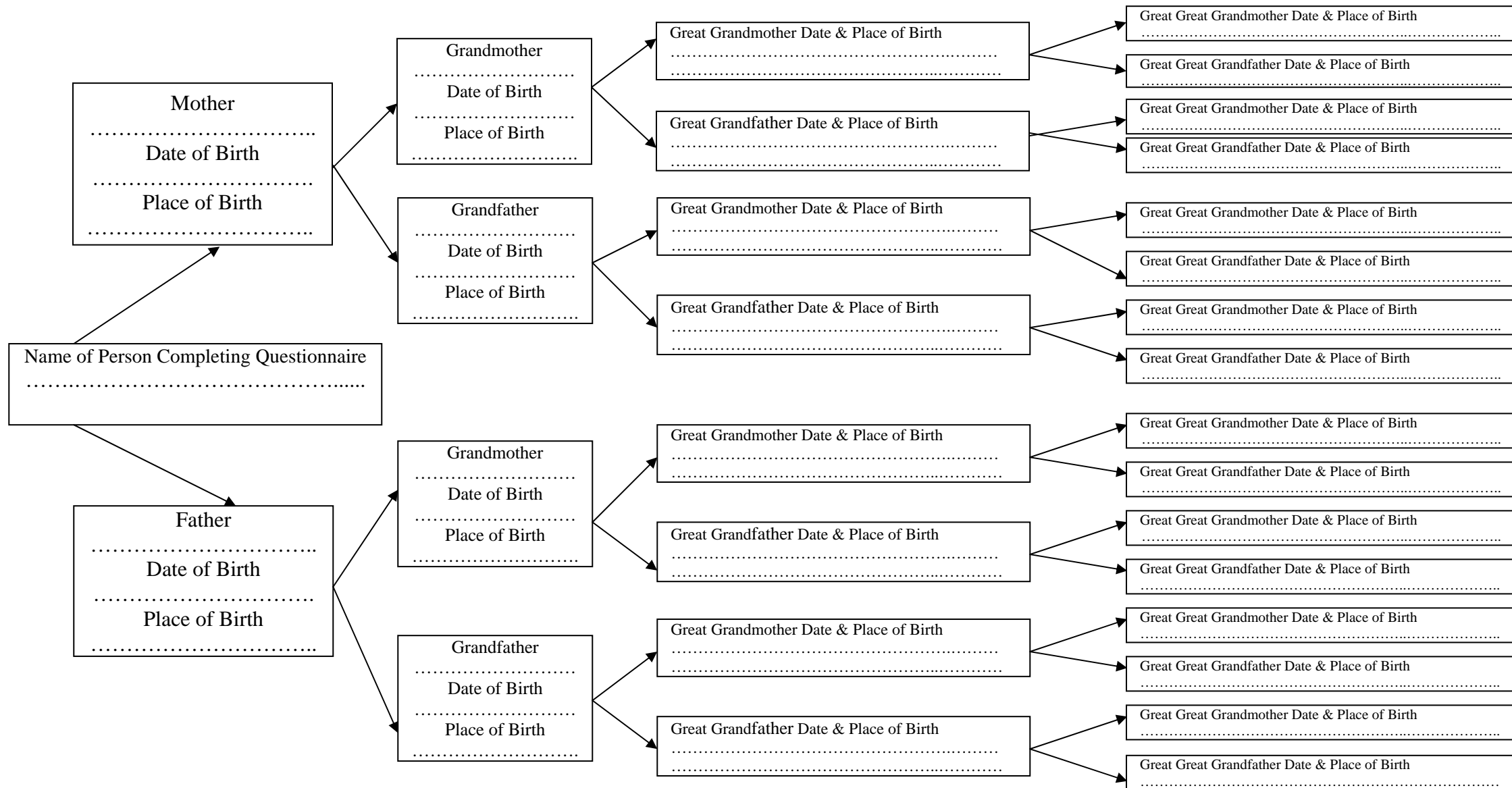
Date:

Location:

Witness:

GENEALOGICAL CHART

It is only necessary to include information pertaining to your aboriginal ancestry in the South Slave region dating back to 1921; however, you may provide additional information for genealogical purposes.



Name of your 1921 aboriginal ancestor(s): _____

Place(s) where your 1921 aboriginal ancestor(s) resided in the South Slave region: _____