



Nak'azdli Whut'en
 PO Box 1329
 Fort St. James, BC V0J 1P0
 Telephone: (250) 996-7171
 Fax: (250) 996-8010

Nak'azdli Whut'en Consent to Release Personal Information (ROI) Form

This information is to create an internal Nak'azdli Whut'en Membership List for all Departments, will not be shared with the Public and is required for all payments from Nak'azdli Whut'en to Nak'azdli Whut'en Membership.

1. Applicant Name: _____ **DATE:** _____
Mailing Address: _____ **Telephone:** _____
Town\Prov\Postal: _____ **Email Address:** _____
Birthdate: _____ **Status Number:** _____

I do hereby authorize the Nak'azdli Indian Registration Administrator (IRA) – Membership to disclose:

My Personal Information consisting of: Full Legal Name Date of Birth Status Number
 Member Since: Birth or Transferred in Date _____

2. Co-Applicant Name: _____ **DATE:** _____
Mailing Address: _____ **Telephone:** _____
Town\Prov\Postal: _____ **Email Address:** _____
Birthdate: _____ **Status Number:** _____

I do hereby authorize the Nak'azdli Indian Registration Administrator (IRA) – Membership to disclose:

My Personal Information consisting of: Full Legal Name Date of Birth Status Number
 Member Since: Birth or Transferred in Date _____

AND/OR

3. My Minor Child\children's Personal Information consisting of:
 Full Legal Name Date of Birth Status Number Member Since: Birth or Transferred in Date _____

	Child\Children(s) Full Legal Name	Birthdate	Registry Status #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

If you need more space, write on the back of this page

I understand the purpose for disclosing Personal Information and do Consent that the Indian Registry Administrator (IRA) Can Create a Membership List to be shared within Nak'azdli Whut'en Departments ONLY.

Date: _____ **Signature:** _____

***Please note: A substitute decision-maker is a person (parent or legal guardian) authorized to consent, on behalf of an individual(s), to disclose personal Indian Registration information about the individual(s).**



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OFFICE USE - To Be Completed by IRA (Membership Clerk)

1. Applicants Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
2. Co-Applicants Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____

NOTES: _____

Initials IRA-Membership: _____ **Date:** _____

1. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
2. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
3. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
4. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
5. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____
6. Childs' Full Legal Name: _____
 Date of Birth: _____ Status Number: _____
 Member Since: _____

NOTES: _____

Initials IRA-Membership: _____ **Date:** _____