



CURVE LAKE SERVICES BUILDING AND CULTURAL CENTRE  
CURVE LAKE FIRST NATION  
CURVE LAKE, ONTARIO K0L 1R0

PHONE (705) 657-8045 FAX (705) 657-8708

## STATEMENT OF BAND AFFILIATION/PARENTAL CONSENT

NAME OF CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE, (Mother) \_\_\_\_\_

BAND \_\_\_\_\_, REGISTRY NUMBER \_\_\_\_\_

AND (Father) \_\_\_\_\_

BAND \_\_\_\_\_, REGISTRY NUMBER \_\_\_\_\_

WISH OUR CHILD \_\_\_\_\_

BORN (date of birth) \_\_\_\_\_

TO BE REGISTERED WITH (First Nation) \_\_\_\_\_

RESIDE: ON RESERVE \_\_\_\_\_  
OFF RESERVE \_\_\_\_\_

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
REGISTRY NUMBER

\_\_\_\_\_  
REGISTRY NUMBER

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE