

Honouring the Past, Present and Future

Teme-Augama Anishnabai Citizenship Application

General Information:

- Please review the **Teme-Augama Anishnabai Citizenship Application Checklist** below, to complete the Application
- To obtain forms please visit **thetaa.ca**

Genealogical Chart Confirmation:

Applicants are invited to contact the **Citizenship Coordinator** to confirm whether they are on the Teme-Augama Anishnabai Genealogical Chart at 705-237-8943 ext 232 or **TAARegistry@thetaa.ca**

To review the TAA Genealogical Charts please contact the **Citizenship Coordinator** at **TAARegistry@thetaa.ca**

Submission Information

For assistance completing forms or providing supporting information, please contact the **Citizenship Coordinator** at 705-237-8943 ext 232 or **TAARegistry@thetaa.ca**

Please **drop-off OR send** your completed application, including all required documentation to:

Mailing Address

Teme-Augama Anishnabai
c/o Citizenship Coordinator
P.O. Box 555
Temagami, ON
P0H 2H0

Email

TAARegistry@thetaa.ca

Teme-Augama Anishnabai Citizenship • Application CHECKLIST

Adult and Minor Applicants: Supporting Identity Documents

- For ADULTS:** A Government issued identity document
eg. Birth Certificate, Status Card, Driver's License, Passport
- For MINORS:** A Government issued identity document
eg. Birth Certificate, Status Card, Passport

Parent/Guardian or Authorized Legal Representative for the Applicant (If applicable)

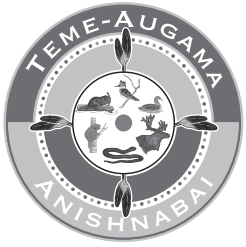
Please include:

- A Copy of your photo identification
- Documentation showing you have legal authority to manage the affairs of the Applicant (if applicable),

Declaration and Signature

- Application must be signed and dated

Personal Information Consent



By submitting this application, you are consenting to the collection, use, and disclosure of the personal information contained in this application. This information is collected by the TAA for the purposes of Citizenship registration, and the administration and representation of all Citizens with regard to our inherent and section 35 Aboriginal rights, and other benefits, programs, and services for TAA Citizens. By submitting this application, you are consenting to the use of this information by the TAA, and acknowledge this information will be kept confidential and may be shared for the purpose of conducting online voting for Adult Citizens. You have the right to access and correct your information at any time. Any questions or concerns should be made to the Enrolment Officer at TAARegistry@thetaa.ca

Complete this form online, OR write in block letters using black or dark blue ink.

Teme-Augama Anishnabai Genealogical Charts of K'dakimenan

Are you or your family members listed as a descendant on the Teme-Augama Anishnabai (TAA) Genealogical Charts of K'dakimenan?

Yes No I don't know Name your TAA Family(s) _____

Applicants are invited to contact the **Citizenship Coordinator at TAARegistry@thetaa.ca** to confirm whether they are listed on; **OR** to review the Teme-Augama Anishnabai Genealogical Charts.

Section 1: Applicant Personal Information

Anishnaabe Nooswin(an) (Name(s)) (if applicable)		Nickname (if applicable)	
Family Name (Surname)		Given Name(s) (Full name(s), No initials)	
Family Name at Birth (if different from above)		Doodem (Clan)	
Date of Birth (YYYY-MM-DD)	Gender <input type="checkbox"/> M (Male) <input type="checkbox"/> F (Female)	Place of Birth	
Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation, Métis or Inuit	Registration No.	

Applicant Permanent / Home Address

Number, Street, Apartment, P.O. Box			
City/Town	Province/Territory (Canada)	State (USA)	Postal / Zip
Phone Number	Email Address		

Applicant Mailing Address (if different from above)

Number, Street, Apartment, P.O. Box			
City/Town	Province/Territory (Canada)	State (USA)	Postal / Zip

Section 2: Document Requirements**C. Supporting Identity Document(s)**

For ADULTS, please provide the following: A Government issued identity document
eg. Birth Certificate, Status Card, Driver's License, Passport

For MINORS, please provide the following: A Government issued identity document eg. Birth Certificate, Status Card, Passport

 Copy of Supporting Identity Documents

Document Type	Document Number	Expiry Date (YYYY-MM-DD)
Name (exactly as it appears on the document)		
Document Type	Document Number	Expiry Date (YYYY-MM-DD)
Name (exactly as it appears on the document)		
Document Type	Document Number	Expiry Date (YYYY-MM-DD)
Name (exactly as it appears on the document)		

Section 3: Adoption Information (Complete this section ONLY if you were adopted as a child)

I was adopted as a child, and I believe that I have entitlement to **Teme-Augama Anishnabai Citizenship** through: (select all that apply)

My adoptive mother My adoptive father My birth mother My birth father

Adoptive Mother

Family Name (Surname)	Given Name(s)	Date of Birth (YYYY-MM-DD)
Family Name at Birth (if different from above)		
Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation, Métis or Inuit	Registration No.

Adoptive Father

Family Name (Surname)	Given Name(s)	Date of Birth (YYYY-MM-DD)
Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation, Métis or Inuit	Registration No.

Birth Mother (If known)

Family Name (Surname)	Given Name(s)	Date of Birth (YYYY-MM-DD)
Family Name at Birth (if different from above)		
Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation, Métis or Inuit	Registration No.

Birth Father (If known)

Family Name (Surname)	Given Name(s)	Date of Birth (YYYY-MM-DD)
Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation, Métis or Inuit	Registration No.

Section 4: Family Information		
A. Father		
Family Name (Surname)	Given Name(s)	
Family Name at Birth (if different)		
Date of Birth (YYYY-MM-DD)	Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation / Métis / Inuit
B. Mother		
Family Name (Surname)	Given Name(s)	
Family Name at Birth (if different)		
Date of Birth (YYYY-MM-DD)	Registered First Nation Band, Métis or Inuit <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Community: First Nation / Métis / Inuit
C. Maternal Grandparents (Only Teme-Augama Aninishnabai Ancestors and their Spouses are required)		
Family Name (Surname)	Family Name at Birth (if different)	Given Name(s)
Grandfather		
Grandmother		
Great-Grandfather(1)		
Great-Grandmother(1)		
Great-Grandfather(2)		
Great-Grandmother(2)		
D. Paternal Grandparents (Only Teme-Augama Aninishnabai Ancestors and their Spouses are required)		
Family Name (Surname)	Family Name at Birth (if different)	Given Name(s)
Grandfather		
Grandmother		
Great-Grandfather(1)		
Great-Grandmother(1)		
Great-Grandfather(2)		
Great-Grandmother(2)		

Additional Information (Optional)

Section 5: Declaration and Signature

I solemnly declare that

- All statements made in this application are true to the best of my knowledge
- All documents provided to support this application are unaltered
- I have read and understand the Privacy Act Statement.

If eligible, I _____ (Print Name),

request to be registered on the Teme-Augama Anishnabai (TAA) Citizenship List.

Applicant Signature:

X _____ DATE (YYYY-MM-DD): _____

Parent/Guardian or Authorized Legal Representative for the Applicant (If applicable)

Check one (1) of the following (ONLY IF APPLICABLE)

- I am the Parent or Guardian of the minor (under 18 years of age) for whom this application is submitted.
- I am the authorized legal signatory for the adult for whom this application is submitted.

_____ (Print Name • Parent/Guardian or Legal Representative),

Parent/Guardian or legal Signatory Signature:

X _____ DATE (YYYY-MM-DD): _____

Parent/Guardian or Rep: Phone Number

Parent/Guardian or Rep: Email Address