



APPLICATION FORM FOR ENROLLMENT UNDER CHAMPAGNE AND AISHIHIK FIRST NATION FINAL AGREEMENT

INFORMATION ABOUT THE PARENT/GUARDIAN

Are you the parent/guardian of a minor child applying on their behalf to have the child enrolled under CAFN?

YES NO

If NO, you do not need to fill out this section.

If YES, please fill out the information below.

Last Name	First Name	Date:
Street Address		Apartment/Unit #
City	Province	Postal Code/ZIP Code
Phone		Email

If you are 18 years of age, you can apply on your own behalf.

INFORMATION ABOUT THE APPLICANT

Full Name	Date of Birth	
Other Legal Names		
Street Address	Apartment/Unit #	
City	Province	Postal Code



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INFORMATION ABOUT THE APPLICANT

Phone	Email

Are you adopted? YES NO
Please provide legal documentation.

Canadian Citizen: YES NO OTHER: _____

Eligible for STATUS under the *Indian Act*: YES NO Status #: _____

Name of Mother	Name of Father

Have you ever been enrolled under CAFN: YES NO

Did you terminate/transfer enrollment to another First Nation: YES NO

If yes what was the date: _____

Are you enrolled/do you receive benefits under any other First Nation Final Agreement or Land Claim Settlement?
(In or outside of Canada) : YES NO

If yes, which First Nation Final Agreement or Land Claim Settlement?

PART B - ESTABLISHING ELIGIBILITY FOR ENROLLMENT UNDER CAFN

Lineal means of a family relationship that includes mothers, fathers, daughters, sons, grandparents, grandchildren, etc., but not siblings, cousins, etc.

1. Are you a lineal descendant of a Champagne and Aishihik dän (person)?
YES NO

2. If yes who are you related to?
Please fill out and attach family tree

3. Please note the Äghaałān (Enrollment Act) states in addition to being a lineal descendant, (the applicant) you must demonstrate you have a current and substantial connection to CAFN. You must meet at least four of the five criteria used in Section 7. Please explain fully and in detail:
- a. Do you have a family connection to a traditional Champagne and Aishihik First Nations dän nàjè yu (settlement) (ie. Dakwākāda - Haines Junction, The Yänlin Chemi - Canyon Creek, Nàkhu/Takhini - Kusawa/Takhini, Chu'ena Kéyi - Hutchi, Asheyi - Aishihik, Shadhäla - Champagne? Please explain in full detail.

What is your family connection?

To which traditional CAFN dän nàjè yu (settlement) are you connected to and if so how are you connected?

How often do you visit the dän nàjè yu (settlement)?

Do you take part in gatherings in your dän nàjè yu (settlement) (ie. potlatches, general assemblies, community meets and/or celebrations/events)?



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b. Do you have a family kwandür (story) about life within a CAFN dän nàjè yu (settlement) or village, and are you willing to fulfill your responsibility to keep your kwandür alive within your family and community? Please explain in full detail.

c. Do you have an affiliation with a CAFN clan?

Please explain which clan?

d. Do you have a CAFN dän yizhì (traditional name) that was bestowed upon you at birth or at a Potlatch, and if you do what is your traditional name? Please explain fully and in detail.

e. Do you speak or understand a First Nations language? Please explain fully and in detail.

SIGNATURE OF APPLICANT

Signature of Applicant		Date	
Signature of Mother	Date	Signature of Father	Date