

If you are applying on behalf of a minor, the parent or guardian must fill out this section.

**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, skip this section.**

**If YES, please fill out the information below.**

Last name _____		First name _____
Street Address _____		Apartment/Unit # _____
City _____	Territory/Province _____	Postal Code _____
Phone _____	Email _____	

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

**INFORMATION ABOUT THE APPLICANT**

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

**INFORMATION ABOUT THE APPLICANT - continued**

<b>Phone</b>	<b>Email</b>
_____	_____

Are you adopted?      YES       NO

*Please provide legal documentation.*

Canadian Citizen: YES       NO       OTHER: \_\_\_\_\_

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

<b>Name of Mother</b>	<b>Name of Father</b>
_____	_____

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 your family tree

3. Please note the *Äghàatān (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. (s.7(a)) Do you have a family connection to a traditional Champagne and Aishihik First Nations *dän nàjè yu* (settlement)

- (ie. Dakwäkäda - 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 meetings and/or celebrations/events)

s.7(b) 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.

s.7(c) c. Do you have an affiliation with a CAFN clan?

Please explain which clan?

s.7(d) 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.

s.7(e) 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_