



INUIT ENROLMENT LIST

Application for Enrolment

*This form must be completed in full in order to process the application.

This form is to be used if:

- 1) You are 16 years or older and are applying for enrolment under the Nunavut Agreement;
- 2) You are applying for enrolment on behalf of a natural born child who is under the age of 16 years.

Send completed form to one of the following:

- 1) Department of Inuit Programs and Services
Fax: (867) 645-5414
Mail: P.O. Box 280, Rankin Inlet, NU X0C 0G0
Enrolment@tunngavik.com
or
- 2) The Community Liaison Officer/Enrolment Secretary in your community.

Information on Applicant

Last Name: _____ First Name: _____ Middle Name: _____

Social Insurance Number: _____ Health Care Number: _____

Mailing Address: _____

Home phone number: _____ Work phone number: _____

Date of Birth: _____ Place of Birth: _____
(mm/dd/yyyy)

Parent 1: _____ Mailing Address: _____
Full legal name and enrolment number (if applicable)

Parent 2: _____ Mailing Address: _____
Full legal name and enrolment number (if applicable)

Grandparent 1: _____ Grandparent 2: _____

Associated Community: _____

Inuk: Yes No Male Female Canadian Citizen Yes No

Enrolled under any other Canadian land claim or treaty? Yes No

If yes, which one? _____

Marital Status: **Married** **Single** **Divorced** **Separated**
 Common Law **Widow** **Widower**

For Married/Common Law applicants only: Maiden Name *(if applicable)*: _____

Spouse's NTI#: _____ Date of Birth: _____

Spouse's SIN: _____ Spouse's HC: _____

I hereby declare that the above information is accurate and true to the best of my knowledge.

Signature

Date

FOR COMMUNITY ENROLMENT COMMITTEE USE ONLY: Date of Review: _____

This application has been	Approved	Not Approved
Reasons for NOT APPROVING:	Non-Inuk	Non-Canadian Other Land Claim
	No association	More Information Required
	Other: _____	

CEC Member Signature

CEC Member Signature

CEC Member Signature