

BAND TRANSFER INTO SUCKER CREEK REQUEST FORM
“STATEMENT OF CONSENT”

Please Provide CWIS & CRIM Checks with your Application
(Please Note: When you transfer to Sucker Creek First Nation, this does not include receiving any benefits or Per Capita Distributions)

Date of Request -----

Name _____

Date of Birth _____

Registry Number _____
(Name of Band and number)

This is to confirm that I/my child/our child _____
(Name: first, middle and last)

Would like to become a Member of the Sucker Creek First Nation Band

Please remove my/his/her name from the _____
(Band List/Registry Group)

Please add my name _____ to the Sucker Creek First
((Name: first, middle and last)

Nation Band List/Registry Group.

Signature of Transferee:

Signature of Witness:

*****In case of a minor, both parents must sign the request for transfer.**

Name of Child/Children:	Registry Number:	Date of Birth:

Signature of Mother:

Signature of Witness:

Signature of Father:

Signature of Witness: