



Renewed Hope – A Journey of Survival, Rebuilding and Self Sufficiency

Enrolment Application Form – Proposed Beneficiary Criteria

The Enrolment Application Form – Proposed Beneficiary Criteria – April 2020 and supporting documentation for Stage 1 will be accepted until **October 15, 2020**.

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
Date of Birth (YY/MM/DD):		Date of Application (YY/MM/DD):	
Mailing Address:		Telephone:	Email:
City/Town:	Province/Country:	Postal Code:	

FAMILY INFORMATION

Spouse's Name (Maiden Name):	
Children's Names and Ages (minors under 18):	
1.	4.
2.	5.
3.	6.

DECLARATION OF REPRESENTATION

I have a present day "Cultural or Social Connection" with the following Present-Day Algonquin Community or Collective and wish to be represented by one of the following (check only one):

<input type="checkbox"/> Antoine	<input type="checkbox"/> Bonnechere	<input type="checkbox"/> Greater Golden Lake	<input type="checkbox"/> Kijicho Manito Madaouskarini
<input type="checkbox"/> Mattawa/North Bay	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Pikwakanagan	<input type="checkbox"/> Snimikobi
<input type="checkbox"/> Shabot Obaadjiwan	<input type="checkbox"/> Whitney and Area		

DECLARATION OF APPLICANT

I _____ (Name of Applicant) **DECLARE THAT:**

I identify myself as an Algonquin and wish to be enrolled as a Beneficiary under the Proposed Beneficiary Criteria and as a future Voter. The information in this Enrolment Application Form is true and correct to the best of my knowledge and belief and is given voluntarily. I acknowledge that I may be asked to provide more information upon request of the Enrolment Officer or an enrolment board.

OR

I am a member of the Algonquins of Pikwakanagan First Nation and my Band number is: _____ . By submitting this Application Form, I consent to the verification of my membership by the Registrar of the Algonquins of Pikwakanagan First Nation.

Algonquins of Ontario



FOR INTERNAL USE ONLY
(not to be completed by applicant)

ACCESS ID NUMBER

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My “Cultural or Social Connection” to the identified Present-Day Algonquin Community or Collective is (please check at least one):

- I am a full time or part time resident within the geographic area of _____ .
(name the Present-Day Algonquin Community or Collective) and participate in its social and cultural life.
- I regularly visit _____ .
(name the Present-Day Algonquin Community or Collective) and maintain my social and cultural connections.
- I regularly hunt, fish, or participate in other harvesting or traditional activities with members of _____ .
(name the Present-Day Algonquin Community or Collective).
- I frequently attend social or cultural events or gatherings in _____ .
(name the Present-Day Algonquin Community or Collective).
- Other (provide details about your cultural or social connection to the Present-Day Algonquin Community or Collective) using a separate page if necessary:

You MUST select only ONE of the following:

- I am **not** a member of another aboriginal group that asserts aboriginal or treaty rights within the Algonquin Settlement Area.
- OR**
- I am a member of another aboriginal group that asserts aboriginal or treaty rights within the Algonquin Settlement Area.

I AUTHORISE the Enrolment Officer, or other personnel hired by the AOO, to use this information and to make any inquiries and undertake any investigation they deem necessary to process this Application, including reviewing information in my existing Algonquin enrolment file.

I CONSENT to the use of the information contained in the Family Tree of Algonquin Lineage and the supporting documentation showing Algonquin lineage to be included in a genealogy database in support of other applications.

I AUTHORISE the posting of my name, the fact that I am a member of the Algonquins of Pikwakanagan First Nation (if applicable), the Present-Day Algonquin Community or Collective to which I have claimed a Cultural or Social Connection, and the Algonquin Ancestor from whom I have demonstrated Direct Lineal Descent in such public places as are required under the ratification process for the Treaty.

I DECLARE THAT to the best of my knowledge the information contained in this Application Form is accurate.

DECLARED AT:

Name of City:	Province:
Date (YY/MM/DD):	Applicant's Signature:
Witness Name (anyone over 18):	Witness Signature:
Witness Address:	
Witness Telephone:	Witness Email:



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FAMILY TREE OF ALGONQUIN LINEAGE

NAME OF PARENTS

Mother (Maiden Name):

Father:

Date of Birth (YY/MM/DD):

Date of Birth (YY/MM/DD):

Place of Birth:

Place of Birth:

MOTHER'S LINE

FATHER'S LINE

Grandmother (Maiden Name):

Grandmother (Maiden Name):

Grandfather:

Grandfather:

Great Grandmother (Maiden Name):

Great Grandmother (Maiden Name):

Great Grandfather:

Great Grandfather:

NOTE: If there are additional ancestors, please add a separate sheet.

Name of Person(s) from whom you are a direct descendant from the schedule of Algonquin Ancestors:

(If you need assistance with this part, contact your Algonquin Negotiation Representative)

SUPPORTING DOCUMENTS SHOWING ALGONQUIN LINEAGE

Extended Birth Certificate

Baptismal Certificate

Marriage Certificate

Death Certificate

Census Records

Other Documents



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CERTIFICATION BY ENROLMENT OFFICER

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I have reviewed the genealogical information provided by the Applicant and on file in the Enrolment Office pursuant to the Proposed Beneficiary Criteria passed by Special Resolution on January 22, 2020:

I certify that the Applicant has demonstrated Direct Lineal Descent from a person or persons on the schedule of Algonquin Ancestors pursuant to the requirements of 2.1(b) ii of the Special Resolution dated January 22, 2020. Provide name of applicable Algonquin Ancestor(s) below:

I am unable to certify that the Applicant has demonstrated Direct Lineal Descent from a person on the schedule of Algonquin Ancestors pursuant to the requirements of 2.1(b) ii of the Special Resolution dated January 22, 2020.

I certify that the Applicant meets the requirements of 2.1(b) iii of the Special Resolution dated January 22, 2020.

I am unable to certify that the Applicant meets the requirements of 2.1(b) iii of the Special Resolution dated January 22, 2020.

Signature of Enrolment Officer:

CERTIFICATION BY REGISTRAR, ALGONQUINS OF PIKWAKANAGAN FIRST NATION

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I hereby certify that the Applicant is a member of the Algonquins of Pikwakanagan First Nation.

I hereby certify that the Applicant is not a member of the Algonquins of Pikwakanagan First Nation.

Signature of Registrar, Algonquins of Pikwakanagan First Nation: