

## Schedule D – General Enrolment Application for Minor/Dependent Adult Applicants

**Tsawwassen Enrolment Committee**  
**P.O. Box 18026**  
**1215C-56 Street,**  
**Delta, B.C. V4L 2M4**  
**Phone: 1-604-948-5290**  
**Toll Free: 1-888-943-2112**  
**Email: [enrollinfo@tsawwassenfirstnation.com](mailto:enrollinfo@tsawwassenfirstnation.com)**  
**Website: [www.tsawwassenfirstnation.com](http://www.tsawwassenfirstnation.com)**

**Child Applicant Full Name:** \_\_\_\_\_

**Name of Applying Parent/Guardian:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

### For Office Use Only

Date Received:		
	Date:	Initials:
<input type="checkbox"/> Complete <input type="checkbox"/> Qualified – Transfer to be completed <input type="checkbox"/> Approved <input type="checkbox"/> Refused		
<b>TFN Member #</b>		

The information on this form is collected under the authority of the Tsawwassen *Membership Act*. The information provided will be used to fulfill the requirements of the Act in relation to enrolment of Tsawwassen First Nation Members. The information will not be shared except in accordance with the Act and with the Tsawwassen *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information please contact the Manager of Government Services at (604) 943-2112.

## INTRODUCTION

This is a **general application** form for enrolment of **minor applicants** (age 17 and under) and for **dependent adults** as Tsawwassen First Nation Members.

For the purposes of this policy, an individual will be considered a dependent adult if a court makes an order declaring that individual incapable of managing his or her property or financial affairs, or if the Enrolment Committee determines in writing that the individual is a dependent adult, after having obtained and considered the written opinions of two medical doctors.

Minors or dependent adults who were adopted by an individual with Tsawwassen Ancestry should use the application form in **Schedule E, Enrolment Application for Minors (Adopted)**

This application has the following sections:

1. Preliminary Eligibility Questions
2. Applicant's Personal Information
3. Documentation
4. Enrolment in another Entity
5. Declaration by Applying Parent/Guardian

The information you provide in this application will be used to determine the minor/dependent's eligibility to be enrolled as a Tsawwassen Member. Please answer all the questions to the best of your ability and remember: **It is your responsibility to prove that you meet the enrolment criteria.**

**Important note: it is an offence under the *Membership Act* to attempt to become a Tsawwassen Member by false representation, fraud, or knowingly concealing material facts or circumstances.**

Your application will be assessed by the Tsawwassen Enrolment Committee based on the enrolment criteria set out in the Tsawwassen *Membership Act*.

**Section 4 of the Tsawwassen *Membership Act*** sets out the enrolment criteria as follows:

An individual is entitled to be enrolled as a Tsawwassen Member, subject to section 34, if that individual

- a) has at least three generations of Tsawwassen First Nation ancestry along a single matrilineal or patrilineal line, in accordance with section 5,
- b) was adopted by an individual eligible to be a Tsawwassen Member under paragraph (a), in accordance with sections 6 and 7,
- c) is a descendant of an individual eligible to be a Tsawwassen Member under paragraph (b) in accordance with section 9,
- d) is an aboriginal individual who is a spouse of an individual eligible to be a Tsawwassen Member under paragraph (a), and
  - i. whom the committee has determined to be of good character, and
  - ii. who, if applicable, has resigned his or her membership in another indigenous group in accordance with section 34, or
- e) was a Tsawwassen Member on July 6, 2016.

You must complete all sections of this form. Applications will be considered incomplete if you have not filled out all sections of the form, if you have not attached the necessary documentation, and/or you and your witness have not signed the Declaration. If you are missing some supporting documentation, or if you need assistance in completing this application, please contact the Enrolment Registrar by calling (604) 943-2112, or toll free at 1-888-943-2112, or email [enrollinfo@tsawwassenfirstnation.com](mailto:enrollinfo@tsawwassenfirstnation.com).

Enrolment as a Member of Tsawwassen First Nation is a separate process from **registration as a Status Indian**. If your minor/dependent needs to register as a Status Indian, please contact the TFN Indian Registry Administrator (IRA) for assistance. If your minor/dependent is currently registered as a Status Indian with Tsawwassen First Nation, you must still complete this application form in order to enroll as a Tsawwassen Member and to be eligible for Member benefits, including distribution payments.

**It is your responsibility to keep the Enrolment Registrar informed of your current address and personal information.**

# 1. PRELIMINARY ELIGIBILITY QUESTIONS

Please check the box(es) that applies (you can check more than one):

- The minor/dependent has at least three generations of Tsawwassen First Nation ancestry along a single matrilineal or patrilineal line, in accordance with section 5 of Tsawwassen’s *Membership Act*.
- The minor/dependent is a descendant of an individual eligible to be a Tsawwassen Member under paragraph 4 (b) of Tsawwassen’s *Membership Act*, in accordance with section 9 of the Act.
- The minor/dependent was a Tsawwassen Member on July 6, 2016.

# 2. MINOR/DEPENDENT ADULT’S PERSONAL INFORMATION

1. Name of minor/dependent: \_\_\_\_\_
2. Name on Birth Certificate (if different from current name): \_\_\_\_\_  
*(An original certificate(s) or certified copy of name linking document(s) will be required if the minor/dependent’s name has changed.)*
3. Is the minor/dependent known by any other names or does the minor/dependent have an ancestral name? \_\_\_\_\_
4. Date of Birth (mm/dd/yyyy): \_\_\_\_\_
5. Gender:  Male  Female
6. Place of Birth (city/country): \_\_\_\_\_
7. Citizenship \_\_\_\_\_
8. Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_
9. Parent/Guardian Contact information:  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_
10. If the dependent adult is married, please indicate the date and place of marriage and name of spouse:  
\_\_\_\_\_

## 2.1. APPLYING PARENT/GUARDIAN INFORMATION

Parent/Guardian information is required for **both** parents unless only one is named in birth certificate

### APPLYING PARENT #1

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Last Name at birth (*if different from current name*): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

TFN Member?  Yes TFN#: \_\_\_\_\_  No

I am the child's:

Parent  Legal Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you registered as a Status Indian under the *Indian Act* in Canada?  Yes  No

Status Number: \_\_\_\_\_

Band/Nation: \_\_\_\_\_

Are you a member of an American Indian tribe or other foreign indigenous entity?  Yes  No

Tribe/entity: \_\_\_\_\_

Location: \_\_\_\_\_

### APPLYING PARENT #2

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Last Name at birth (*if different from current name*): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

TFN Member?  Yes TFN#: \_\_\_\_\_  No

I am the child's:

Parent  Legal Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you registered as a Status Indian under the *Indian Act* in Canada?  Yes  No

Status Number: \_\_\_\_\_

Band/Nation: \_\_\_\_\_

Are you a member of an American Indian tribe or other foreign indigenous entity?  Yes  No

Tribe/entity: \_\_\_\_\_

Location: \_\_\_\_\_

### 3. DOCUMENTATION

#### 3.1. Verification of Applying Parent/Guardian Identity

As part of the minor/dependent's application, you must provide the Tsawwassen Enrolment Committee with an original or certified copy of **at least** one piece of valid photo identification to confirm your identity. The Enrolment Committee reserves the right to request additional identification if required.

1. What **original documents or certified copies** are you submitting to verify your identity?

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's Licence         | <input type="checkbox"/> Services Card/Other healthcare card with photo |
| <input type="checkbox"/> Tsawwassen Government ID | <input type="checkbox"/> Student ID                                     |
| <input type="checkbox"/> Provincial/State ID      | <input type="checkbox"/> Employee ID (with photo and full name)         |
| <input type="checkbox"/> Passport                 | <input type="checkbox"/> Other (specify): _____                         |
| <input type="checkbox"/> Status Card              |   |

2. Was the minor/dependent a Tsawwassen Member on July 6, 2016?  Yes  No

If Yes, please provide the minor/dependent's Tsawwassen membership number (available through the Enrolment Registrar) \_\_\_\_\_ **and skip to section 4.**

If No, please complete section 3.2 Verification of Ancestry and Eligibility.

**Please note:** any certified copies of documents that are submitted for your application will be retained by TFN in our Membership files. If you bring original documents to the Administration office in person, TFN can make certified copies for you at no charge. If you submit original birth, marriage, name change, or other documents by mail, TFN will make certified copies and return the original documents to you by mail. **Please do not send original identity documents (drivers license, passport, provincial/state ID, etc.) by mail.**

### 3.2. Verification of Ancestry and Eligibility

If you are applying for membership for a minor/dependent as an individual with Tsawwassen ancestry, you must provide documentation that establishes three generations of ancestry along a single matrilineal or patrilineal line, as well as the facts relevant to the eligibility criteria.

#### 3.2.1. First Generation of Tsawwassen Ancestry

1. Name of Ancestor 1 (*minor/dependent's parent*): \_\_\_\_\_

Is this person's information listed in section 2.1 as an applying parent?  Yes  No

If **Yes**, please fill in **#8-#10** below; if **No**, please fill in **#2-#10** below.

2. Date of Birth \_\_\_\_\_

3. Place of Birth \_\_\_\_\_

4. Date of Marriage \_\_\_\_\_

5. Place of Marriage \_\_\_\_\_

6. Band or First Nation \_\_\_\_\_

7. Status Number \_\_\_\_\_

8. What **original documents or certified copies** are you submitting to verify that this person was an ancestor?

(*Minor's*) Long Form Birth Certificate (with parents' names)

Court order

Marriage or name change certificate to link documents (if applicable)

If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is or was this ancestor a Tsawwassen Member?  Yes  No

The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below

\_\_\_\_\_  
\_\_\_\_\_

<b>** For Office Use Only **</b>	
<b>TFN Number:</b>	
<b>Note:</b>	

### 3.2.2. Second Generation of Tsawwassen Ancestry

1. Name of Ancestor 2 (*minor/dependent's grandparent*): \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_
5. Place of Marriage \_\_\_\_\_
6. Band or First Nation \_\_\_\_\_
7. Status Number \_\_\_\_\_
8. What original or certified documents are you submitting to verify that this person was an ancestor?
  - (*Parent's*) Long Form Birth Certificate (with parents' names)
  - Court order
  - Marriage or name change certificate to link documents (if applicable)

If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two:

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9. Is or was this ancestor a Tsawwassen Member?  Yes  No

The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below

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<b>** For Office Use Only**</b>	
<b>TFN Number:</b>	
<b>Note:</b>	



### 3.2.3. Third Generation of Tsawwassen Ancestry

1. Name of Ancestor 2 (*minor/dependent's great-grandparent*): \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_
5. Place of Marriage \_\_\_\_\_
6. Band or First Nation \_\_\_\_\_
7. Status Number \_\_\_\_\_

8. What original or certified documents are you submitting to verify that this person was an ancestor?

- (*Grandparent's*) Long Form Birth Certificate (with parents' names)
- Court order
- Marriage or name change certificate to link documents (if applicable)

If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is or was this ancestor a Tsawwassen Member?  Yes  No

The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below:

\_\_\_\_\_

\_\_\_\_\_

<b>** For Office Use Only**</b>	
<b>TFN Number:</b>	
<b>Note:</b>	

**3.2.4. Additional Ancestry Information (Optional)**

Although we only ask for the names of three ancestors in this section, we know that many applicants will have ancestry that goes even further back, or that follows more than one ancestral line. We would like to keep our records as complete as possible. If you would like to provide any additional information or documentation about the minor/dependent’s ancestry for Tsawwassen records, we invite you to provide that information below.



## 4. ENROLMENT IN ANOTHER ENTITY

In accordance with section 34 of the Tsawwassen *Membership Act*, individuals are **not** entitled to be enrolled as Tsawwassen First Nation Members if they are currently members of another First Nation or indigenous entity as defined in the Act, either in Canada or in other countries.

If the minor/dependent otherwise meets the Tsawwassen eligibility criteria and the minor/dependent is presently enrolled in one of the entities listed in section 34, we will process the minor/dependent's application, but the minor/dependent may be eligible to be enrolled as a Tsawwassen Member only after you withdraw the minor/dependent from that other entity.

1. Is the minor/dependent a member of another First Nation, Metis or Inuit group that is a signatory to a treaty?  
 YES or  NO. If Yes, name of the other group: \_\_\_\_\_
2. Is the minor/dependent enrolled under another land claims agreement in Canada?  
 YES or  NO. If Yes, name of the other land claims agreement: \_\_\_\_\_
3. Is the minor/dependent enrolled on an Indian Act band list (other than Tsawwassen First Nation)?  
 YES or  NO. If Yes, name of the band: \_\_\_\_\_
4. Is the minor/dependent a member of an indigenous group outside of Canada which provides benefits to its members and includes, without limitation, American Indian tribes and Alaska Native entities?  
 YES or  NO. If Yes, name of the group: \_\_\_\_\_
5. If you answered NO to all the questions 1 through 4 in this section, **skip to question 6.**  
If you answered YES to any of the questions 1 through 4 in this section, are you prepared to withdraw the minor/dependent from enrolment/membership in the other entity in order to enrol as a Tsawwassen member?  YES or  NO
6. Is the minor/dependent registered as a Status Indian under the Indian Act in Canada?  
 YES or  NO. If Yes, what is the minor/dependent's Status Number: \_\_\_\_\_

## 5. DECLARATION FOR APPLYING PARENT/GUARDIAN

### ***Must be signed by applying parent/guardian and a witness***

I, \_\_\_\_\_ SOLEMNLY DECLARE that the facts contained in this application are  
Name of Parent/Guardian  
true to the best of my knowledge.

For the purpose of determining \_\_\_\_\_ eligibility for Tsawwassen First Nation  
Name of Minor/Dependent Adult  
Membership under sections 4 and 34 of the Membership Act, I \_\_\_\_\_, authorize  
Name of Parent/Guardian  
Tsawwassen First Nation to contact other indigenous groups in Canada, the United States and other countries to ascertain the child's membership or enrollment status in those entities or groups (including, without limitation, Canadian First Nations and Indian Bands and American Tribes).

I further authorize all indigenous groups in Canada, the United States and other countries (including, without limitation, Canadian First Nations and Indian Bands and American Tribes), to share any membership or enrollment information they have about the minor/dependent with Tsawwassen First Nation.

\_\_\_\_\_  
Applying Parent/Guardian signature

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Applying Parent/Guardian name (please print)

### **WITNESS to Parent/Guardian's Signature:**

*(Witness can be any person aged 18 or over)*

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Witness Name (please print)

