

Nunavik Enrolment Office P.O. Box 179

Kuujjuaq, Nunavik (Quebec) J0M 1C0 Tel: (819) 964-2925 Fax: (819) 964-0458 Website: www.makivik.org

## Form B Enrolment Nunavik Inuit Beneficiary Application Form (Child)

Nunavik Enrolment Office established under the authority of the Makivik Board of Directors is responsible to maintain the Nunavik Inuit Beneficiaries Register

Section A IDENTIFICATION OF THE APPLICANT (If the Applicant is the same as the Person Concerned, please skip Section A and go directly to Section B)											
										Female	
Applicant Family N	Applicant Middle name				Applicant Given name(s)			)	Male		
									Home	Tel.:	
Date of Birth (yy/mm/dd)	Place of I	Birth	Comm	unity	/ Affiliation	(	Community of Residence		Work Tel:		
Address				City	ity Prov			nce/Territory		Postal Code	
				·			Relationship to the Child Concerned Mother Father				ner Father
Beneficiary No	Social Insu	ance No. Health Care Card No.				Other (specify)					
Section B		FORMATION OF THE CHILD (				NC	ERNED				
			CHIVIATION OF THE CHILD CONCERNEL					Fem			
Family Name		Middle name				Given name(s) Male				Male	
,						Home Phone	Home Phone No.				
Date of Birth (yy/m	Place of Birth					Work Phone No.					
Dute of Birth (yyyin		•	- lace	. 01 511 (11							
							Total Years of Residence "C				
Address of Residence		City			Province/Territory		ory P	ostal Code Tei		ritory" (if a	pplicable)
								"N" Nu	mber Health		
Community of Residence	Comn		Social Insurance No							(if Applicable)	
Relation to the Child to be enrolled: Mother Father Guardian /Tutor (Please attach supportive document) Other (specify)											
Section C INFORMATION OF THE PARENTS/GUARDIANS/TUTORS											
Family Name of Father			Middle name of Father						Given na	ame(s) of Fa	ather
						Hor			łome Tel.:		
Date of Birth (yy/mm/dd)	Place of B	irth Communi			y Affiliation Community of			of Residence	f Residence Work Tel:		
		•			•				•		
Address of Residence		City		Pro	Province/Territory		Postal Code Benefic		arv No	S	IN No.
Address of hesidefice		City			ovince, remies	,	1 03101 00	de   Beriener	,		
Maiden Name of Mother			Middle name of Mother					Given name(s) of Mother			
						Home		• •			
Date of Birth (yy/mm/dd)	Place of B	sirth Communi			ry Affiliation Comn		Community	mmunity of Residence		Work Tel:	
- see or sitting (yy) ming du)	riace of Birth Comm				inty Allillation		zammumey	J. Nesidence	1		
				_							
Address of Reside	City Province/Territory Postal Code Beneficiary No. SIN No.  y Adoption? Yes (Complete also Section D of the present Application)						IN No.				
No (Skip Section D of the present Application)											



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Section D INUIT CUSTOMARY ADOPTION										
Date of Adoption (yy/mm/dd)	signed b	Has the "Declaration of Inuit Customary Adoption Form" (Form G) been signed by the biological/adoptive parents/local Landholding  Corporation/Northern Village? (If Yes, attach a copy to the Application Yes No Yes No								
Family Name of Child at Birth			Middle name of Child at Birth Given name(s) of Child at Bir						s) of Child at Birth	
Family Name of Biological Father Middle			ddle name d	dle name of Biological Father			Given name(s) of Biological Father			
								Home Tel.:		
Date of Birth (yy/mm/dd)	Place o	f Birth	Comi	munity Affiliation	(	Community of F	Residence	Work Tel:		
Address of Residence		C	City	Province/Territory		Postal Code	Beneficiary No.		SIN No.	
Maiden Name of Biolo	gical Mothe	er	M	Middle name of Biological Mother			Given name(s) of Biological Mother			
						Home Tel.:				
Date of Birth (yy/mm/dd)	Place of	Birth	Com	nunity Affiliation	(	Community of F	Residence	Work To	el:	
Address of Residence		(	City	Province/Territory		Postal Code	Benefici	ary No.	SIN No.	
Section E ELIGIBILITY										
Is the Child a Canadian citizen?				Yes No S	peci	ify →				
Is the Child an Inuk according to	Yes No Specify →									
Is the Child identified as an Inul	Yes No Specify →									
Does the Child associated, i-e h										
historical, cultural or social ties	Yes No S	peci	ıty →							
Is the Child registered under an	Yes No S	peci	· ·	eneficiary N						
Has the person concerned filed any application form to a						Application A: New Enrolment (Adult)				
Community Enrolment Commit	Application B: New Enrolment (Child)					•				
Review Committee within the la	Community Application C: Modification - Correction									
date of the present Application? Yes No				Application D: Re-Establishme Application E: Removal from N						
(if YES, please specify)				Date Applica			ntion F: Request to Review a Decision			
Additional information the App	licant wishe	s to add (i	f required):							



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Section F DE	DECLARATION & SIGNATURE OF APPLICANT							
I hereby declare that the information cont	ained in this Application							
is accurate and true to the best of my know	V							
Supportive documents enclosed:	Yes No	X						
Place of Signature	(yy/mm/dd)	Signature of Applicant						
Section G RESERVED	ENT COMMITTEE ONLY							
THIS APPLICATION HAS BEEN REVIEWED BY THE ENROLMENT COMM								
AND HAS BEEN: Approved	<b>■</b> Not approved <b>■</b> Missi	ng Information						
Reasons for not approving:   Not a Cana	sons for not approving:   Not a Canadian citizen  Not an Inuk according to Inui							
☐ Does not indentify himself as an Inuk ☐ Is not associated with the community								
☐ Is enrolled at other Land Claim Agreement or Treaty								
☐ Other (specify below):								
		$\boldsymbol{\mathcal{X}}$						
Place of Signature	Date	Signature of the Community Enrolment Secretary						
Community Enrolment Committee	SECTION RESE	RVED TO NUNAVIK ENROLMENT OFFICE						
Decision No.	Registered into the Nunavik Inu	Registered into the Nunavik Inuit Beneficiaries Register Yes						
Date: INITIALS:								

One signed copy for (1) the Applicant - (2) Community Enrolment Committee