

Nisga'a Citizenship Act

Confidential

APPLICATION
NISGA'A CITIZENSHIP CARD

Last Name: _____

First and Middle Name: _____

D.O.B.: _____ Gender: Male Female

Permanent Address: _____

Village: _____ B.C. Postal Code: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Nisga'a Village: _____

Nisga'a Citizenship No.: _____ Tribe: _____

Indian Registration No.: _____

I give permission to Nisga'a Lisims Government to use, disclose and share my personal information related to this Application Nisga'a Citizenship Card for purposes of administering the Treaty, Nisga'a law and the provision of programs and services.

I understand that my personal information for my Application Nisga'a Citizenship Card, which subject to my consent, is stored securely and confidentially and will only be used and disclosed to the extent reasonable necessary.

I understand why I have been asked for permission to use, disclose and share my personal information, and I am aware of the risks or benefits of consenting, or refusing to consent to the use, disclosure and sharing of my personal information. I understand that I may revoke this consent at any time.

Date: _____

Signature of Applicant

Witness

Name of Applicant

1. **RENEWAL APPLICATION:** schedule photo-time with E&E clerk
2. **NEW APPLICATION:** complete Nisga'a Enrolment Application, attach & schedule photo-time E&E clerk