



## CONFIRMATION OF RESIDENCY

Date: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, wish to confirm my residency:  
Name Registration Number

- On Reserve (Own Band)
- On Reserve (Other Band)
- Off Reserve

Signature: \_\_\_\_\_

ADDRESS REQUIRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: 1 form for every member, if completed for a child under 18, 1 parent must sign and supply a copy of identification for parent*