



ONTARIO COALITION OF INDIGENOUS PEOPLES

APPLICATION FOR CITIZENSHIP

Mail to: OCIP Tim Denomme, Box 448, 4 Riviere St., Verner, Ontario, P0H-2M0
e-mail: ocip.membership@gmail.com
Phone: 705-561-7358

Citizenship is granted to any applicant that has provided the necessary; identification, photo, documentation, information, payment along with proof of Aboriginal ancestry and who are of Aboriginal descent but not a band or tribal member residing on a reserve, in accordance with the Ontario Coalition of Indigenous People.

1. AUTHORIZATION TO ACCESS FILE

By signing below, I give authorization for my file to be accessed on behalf of anyone sharing my ancestry.

Signature _____ Date _____

REQUIREMENT CHECKLIST:

NOTE: Incomplete applications will delay the process. Please ensure requirement checklist is followed.

- | | |
|---|---|
| <input type="checkbox"/> FORM: Fully completed, signed & dated | <input type="checkbox"/> PAYMENT: Money Order or Certified Check |
| <input type="checkbox"/> PHOTO: 1"x1" recent, clear head & shoulders | <input type="checkbox"/> DOCUMENTS: Proof of Aboriginal Ancestry |
| <input type="checkbox"/> PHOTO ID: ie Driver's License or Passport | <input type="checkbox"/> IDENTIFICATION: Birth or Church Baptismal Certificate |

2. METHOD OF PAYMENT (Only))

Money Order \$ _____
Certified Cheque \$ _____
Total Amount Sent \$ _____

FEES

NO Renewal fees as of September 15, 2013
\$50.00 per person including youth
\$20.00 Replacement card

3. ABORIGINAL STATUS

CHECK APPROPRIATE ANSWER

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Status Indian with Band Membership | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Status Indian without Band Membership | <input type="checkbox"/> Inuit |
| <input type="checkbox"/> Non-Status Indian | |

Do you normally live on a First Nation/Native Reserve? Yes No

4. PERSONAL INFORMATION (Please Print)

Name _____
Last/Surname **First** **Middle**

Name at Birth _____ Date of Birth _____ Place of Birth _____
Year / Month / Day

5. CONTACT INFORMATION (Please Print)

Address _____
No, Street, Apt, RR, PO Box **City/Town** **Province** **Postal Code**

Phone No _____ E-mail _____ Gender _____
Home / Cell

GENEALOGICAL INFORMATION /ABORIGINAL STATUS

Please provide first & last names and use women's maiden names where applicable.

6. Mother's Ancestor's	Aboriginal Ancestry	Traditional Territory	
_____ Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
_____ Mother's Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
_____ Mother's Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

7. Father's Ancestor's	Aboriginal Ancestry	Traditional Territory	
_____ Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
_____ Father's Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
_____ Father's Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Place of Birth	If Yes, <input type="checkbox"/> Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

OATH OF ABORIGINAL STATUS AND AFFILIATION

I make the declarations that:

- I am an Aboriginal person as confirmed within Section 35 of the Constitution of Canada 1982, as follows 35.(2). In accordance with this Act "Aboriginal Peoples of Canada" are the Indian, Inuit, and Métis peoples of Canada
- I am: Status, Non-Status, Métis, Métis with Indian Status, Inuit
- I believe that we as Aboriginal Peoples have the inherent right of self-determination and rights to; land, harvest, hunting and fishing, to practice our Aboriginal traditions and to life, liberty, and the pursuit of justice and happiness for our people, our families, and for our self.
- I have the inherent right of self-determination our communities may grant members the right to participate in activities of those communities across Ontario, which includes to have meetings, to hunt, to fish and make regulations for its purpose.

I make the declaration that my traditional territory for the purpose of exercising my Aboriginal rights is as follows; _____

I also make the declarations that:

- I do not live on a First Nation Reserve.
- I have chosen to join the "Ontario Coalition of Indigenous Peoples" (OCIP), who is the Provincial Affiliate of the "Congress of Aboriginal People" (CAP), to champion and represent our collective Aboriginal rights.
- OCIP is a coalition of Aboriginal People and Aboriginal Organizations who are working together to achieve our goals, objectives and aspirations.
- I pledge to respect, assist and honour these sisters and brothers in our common cause.
- I pledge to follow the laws, regulations and policies as established by the "Ontario Coalition of Indigenous Peoples" and the "Congress of Aboriginal People" (CAP).
- I will honour our proud Aboriginal heritage and participate in OCIP and CAP meetings and processes in a respectful and honourable manner.

I swear under oath that all the information provided by me in this membership application, is true and correct and I understand that it is an offense to make fraudulent and misrepresenting statement.

- I understand that this is a formal document of the "Ontario Coalition of Indigenous Peoples" and will be used in a court of law if required to champion our collective rights.

SIGNATURE: _____ DATE: _____