



First Nation of Na-Cho Nyäk Dun

C/O Enrollment Department

Box 220

Mayo, Yukon Y0B 1M0

Tel: (867) 996-2265

Fax: (867) 996-2267

E-mail: enrollment@nndfn.com

Website: www.nndfn.com

Applying for Beneficiary/Citizenship

Please fill out and sign the application and attach a completed genealogy chart.

Enclose a **PHOTOCOPY ONLY** of the applicant's long form **BIRTH CERTIFICATE**.

Anyone over sixteen years of age can sign their own application.

If the applicant does not reside in the Yukon, kindly forward the application to them and inform us of their new address in order that we can update our file.

The Application will not be **PROCESSED** unless we have a photocopy of the long form **Birth Certificate** with the parent(s) name(s) stated thereon.

Thank you for your cooperation.

Return Application to: Enrollment Officer
First Nation of Nacho Nyäk Dun
Box 220
Mayo, Yukon
Y0B 1M0

First Nation of Na-Cho Nyäk Dun

Box 220 Mayo, YT, Y0B 1M0

Tel: (867) 996-2265

Fax: (867) 996-2267

E-mail: main@nndfn.com

Website: www.nndfn.com



Enrollment Application For an Adult

Applicant's Name: _____
(Last) (First) (Middle)

Maiden Name at time of Birth: _____

Present Mailing Address: _____
(Street address or box number)

(town or city) (territory or province) (postal code)

Female or Male (circle)

Adopted: Yes or No (circle)

Birth Date: _____ Birth Place: _____
(day) (month) (year) (town/city) (territory/province)

**REQUIRED WITH APPLICATION IS A PHOTOCOPY OF YOUR BIRTH CERTIFICATE
THE LARGE SIZE BIRTH CERTIFICATE THAT SHOWS YOUR PARENTS NAMES**

Fraction of Yukon Indian Ancestry & Nationality: (circle)
1/1, ¾, ½, ¼, 1/8, Other ____/____

Northern Tutchone, Southern Tutchone, Gwich'in, Tlingit, Han, Tahltan, Other: _____

Clan: Wolf or Crow Citizenship: Canadian/ American/ Other: _____

Non Status or Status Number (10 Digit number): _____

Father's Name: _____
(Last) (Given Names)

Birth Date: _____ Birth Place: _____
(day) (month) (year) (town/city) (territory/province)

Mother's Name: _____
(Last) (Given Names)

Birth Date: _____ Birth Place: _____
(day) (month) (year) (town/city) (territory/province)

Legal Guardian: _____
(Last) (Given Names)

Mailing Address: _____
(street address/box number) (town or city) (territory or province) (postal code)

Reason for filing on behalf of applicant: _____

Were you Legal resident of the Yukon on or before January 1, 1940? If Yes, where:

If No, who was Legal Resident of the Yukon on or Before 1940:

Name of Ancestor: _____

Relationship to you: _____ Residence in or before 1940: _____

Applicant's Signature

Date

Phone Number