



First Nation of Na-Cho Nyäk Dun  
C/o Enrollment Department  
P.O. Box 220, Mayo, Yukon Y0B 1M0  
Phone: (867) 996-2265 Ext.117 Fax: (867) 996-2267  
Email: enrollment@nndfn.com  
Website: www.nndfn.com

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## STATEMENT OF CONSENT FOR TRANSFER OF A MINOR

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Current Registry No. \_\_\_\_\_

### STATEMENT:

This is to confirm that if my child, \_\_\_\_\_  
(name)

is accepted as a member of \_\_\_\_\_  
(name of First Nation transferring to)

I hereby consent to the removal of his/her name from the \_\_\_\_\_  
(name of current First Nation)

Registry Group/List and the addition of his/her name to the \_\_\_\_\_  
(admitting First Nation)

### SIGNATURE OF PARENTS:

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**This form must be signed by both parents, unless one parent has legal  
custody (attach custody order)**

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(FOR OFFICE USE)

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

NNDL/CB ID # G\_\_\_\_\_

\_\_\_\_\_  
Enrollment Officer Signature