



Confirmation of Citizenship with the Teslin Tlingit Council – Nov 26/10

Name: _____ (Last) _____ (First)

Maiden Name: _____

Mailing Address: _____
(Box Number or Street Address)

(Town or City)

(Province or Territory)

(Postal Code)

Sex: Male Adopted: Yes

Female No

Birth Date: _____ (Day) _____ (Month) _____ (Year) Birth Place: _____ (Town/City) _____ (Terr/Province)

- A photocopy of your large size Birth Certificate showing your parents names is required with this application
- A genealogy chart showing 3 generations

Fraction of Teslin Tlingit Ancestry

100% 3/4 1/2 1/4 1/8 Other please specify ___/___

If not 100% Tlingit please indicate other ancestry ie. Tutchone, Kaska, Tahltan, Cree, Caucasian

Citizenship: Canadian Are you enrolled in any other Aboriginal land claims settlement in Canada? Yes No

United States If Yes Where: _____

Are you a member of another First Nation anywhere in Canada? Yes No

If Yes Where: _____

Clan: _____ (Wolf or Crow)

Status: Non-Status: 10 Digit Status No. _____

Fathers Name: _____ (Last) _____ (First)

Mothers Name: _____ (Last) _____ (First)

Guardian other than parent: _____

Address: _____

Relationship: _____

Reason for filing on behalf of filer: _____

Were you a resident of the Yukon Territory on or before January 1, 1940, Yes No If Yes Where _____

If No, give name, relationship to you and residence in 1940, of Ancestor who was a legal residence of the Yukon on or before January 1, 1940. Name of Ancestor: _____

Relationship to you: _____ Residence on or before 1940 _____

Date: _____ (Day) _____ (Month) _____ (Year) _____ (Signature of filer or Sponsor)

Telephone Number: _____ S.I.N. _____



Applicant Genealogy

Applicants Children		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		
Name:		
Birth date (mm\dd\yyyy):		
First Nation Affiliation:		

Husband or Wife	
Name:	
Origin:	
Origin:	
Name:	
Applicant	

Applicants Father	
Name:	
Origin:	
Origin:	
Name:	
Maiden Name:	
Applicants Mother	

Grandfather	
Name:	
Origin:	
Origin:	
Name:	
Grandmother	

Grandfather	
Name:	
Origin:	
Origin:	
Name:	
Grandmother	

Great Grandfather	
Name:	
Origin:	
Origin:	
Name:	
Great Grandmother	

Great Grandfather	
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Great Grandmother	

Great Grandfather	
Name:	
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Great Grandmother	

Great Grandfather	
Name:	
Origin:	
Origin:	
Name:	
Great Grandmother	