



### 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  Female   
Adopted: Yes  No

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Day) (Month) (Year) (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  United States   
Are you enrolled in any other Aboriginal land claims settlement in Canada? Yes  No   
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: \_\_\_\_\_ (Signature of filer or Sponsor)  
(Day) (Month) (Year)

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