

Elmastogoeg Indian Band Council

Bay of Islands Newfoundland

A0L 1A0

Phone: (709) 789-2888

Fax: (709) 789-2888

Application for Membership:

Personal Information:

Name:	Date:
Address:	Telephone:
Spouse:	Date of Birth:
# of Children:	SIN #:

Children:

Name of Child:	Date of Birth:	Sex:

Ancestry Information:

Where does your Mi'kmaq ancestry come from?

Mother - Complete Section A

Father - Complete Section B

Both - Complete Section A and B

Section A (Mother)

First Generation:

Parent:	Name:	Aboriginal:	Date of Birth	Place of Birth
Mother				

Second Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Third Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Fourth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Fifth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Sixth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Section B (Father)

First Generation:

Parent:	Name:	Aboriginal:	Date of Birth	Place of Birth
Mother				

Second Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Third Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Fourth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Fifth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Sixth Generation:

Parent:	Name:	Aboriginal	Date of Birth	Place of Birth
Mother				
Father				

Other Information:

Please ensure that you have included all supporting documents for your application for Mi'kmaq ancestry.

You should have included Birth and Marriage Certificates for all the persons listed on your application for membership.

You should also include any information about you ancestry you have gathered from publications such as books, newspapers, etc.

Comments:

I hereby certify that all the information I have included in the preceding application is true to the best of my knowledge.

Applicant's Signature

Date