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ANCIENT SPIRIT, MODERN MIND

Citizenship and Treaty Enrolment Act **Form 1**

APPLICATION FOR TREATY ENROLMENT

PART A: APPLICATION COMPONENTS CHECKLIST

MUST BE COMPLETED BY ALL APPLICANTS

This form is to be used to apply for enrolment as a Huu-ay-aht treaty participant under the Maa-nulth First Nations Final Agreement. Complete applications will be assessed by the Citizenship Committee based on the eligibility criteria set out in the *Citizenship and Treaty Enrolment Act*.

Note: This application is for treaty enrolment only. There are separate forms in relation to Maht Mahs membership and citizenship, which may be completed by Huu-ay-aht treaty participants seeking citizenship.

ALL APPLICANTS MUST COMPLETE [CHECK TO CONFIRM YOU HAVE COMPLETED AND ATTACHED]:

- ☐ Part A – Application Components Checklist
- ☐ Part B – Applicant Information

In addition, applicants must complete specific forms and/or provide additional documentation depending on the basis for their eligibility as set out below.

BASIS FOR ENROLMENT

I am eligible for treaty enrolment because: [CHECK ONE]

- ☐ A) I am of Huu-ay-aht ancestry *PART C is completed & attached*
- ☐ B) I was adopted under laws recognized in Canada by an individual who is of Huu-ay-aht ancestry. *Proof of adoption (i.e. adoption order or birth registration following adoption) is completed & attached*
- ☐ C) I was adopted according to Huu-ay-aht custom by an individual who is of Huu-ay-aht ancestry *Certification of custom adoption is attached*
- ☐ D) I do not meet the criteria above, but have been married to or cohabiting in a marriage like relationship with a person listed in A – C above for at least five years and have an ongoing significant attachment to the Huu-ay-aht. *PART D (Community Acceptance through Marriage) & Part E (Ongoing significant attachment) are completed & attached*
- ☐ E) I do not meet the criteria above, but my name is on the official March 31, 2011 Huu-ay-aht Band list and I have an ongoing significant attachment to the Huu-ay-aht. *PART E (Ongoing significant attachment) is completed & attached*

ENROLMENT IN ANOTHER BAND/CITIZENSHIP IN ANOTHER FIRST NATION

I am [CHECK ANY THAT APPLY]:

- ☐ A member or a registered Indian of an Indian Band
- ☐ Enrolled under a treaty or land claims agreement in Canada
- ☐ Entitled to receive benefits under a treaty or land claims agreement in Canada *PART F (Withdrawal) is completed & attached, along with any other documents required by Registrar.*

APPLICATION ON BEHALF OF OTHER PERSON

- ☐ This application is made on behalf of a child 15 years of age or under or adult under a legal disability. *Part G (Application on behalf of another) is completed and attached.*

This form may be submitted to the Citizenship Committee

By delivering it to:
Huu-ay-aht First Nations
4644 Adelaide Street
Port Alberni, BC V9Y 6N4

By delivering it to:
Huu-ay-aht First Nations
170 Nookemus Road
Anacla, BC V0R 1B0

By email to citizenship@huuayaht.org
By fax to 250.723.4646

If you need assistance in completing this application, please contact the Citizenship and Enrolment Registrar at 250.723.0100, or email citizenship@huuayaht.org.

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Citizenship and Treaty Enrolment Act **Form 1**

APPLICATION FOR TREATY ENROLMENT
PART B: APPLICANT INFORMATION
MUST BE COMPLETED BY ALL APPLICANTS

APPLICANT

LAST NAME _____ GIVEN NAME(S) _____

ADDRESS, CITY/TOWN, PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____ DATE OF BIRTH (Y/M/D) _____

DECLARATION (IF COMPLETING ON BEHALF OF ANOTHER PERSON, LEAVE THIS SECTION BLANK AND COMPLETE PART G)

I _____ (APPLICANT (PRINT NAME)) DECLARE that the facts contained in this application are complete and accurate to the best of my knowledge. I understand that making a false representation in an attempt to become a Huu-ay-aht treaty participant is an offence punishable by a fine of up to $10,000 and imprisonment for up to two years.

I give permission for the information provided in relation to this application to be stored by and shared within the Huu-ay-aht government as necessary to process and evaluate my application for treaty enrolment and, if applicable, in relation to my Maht Mahs membership and citizenship.

I confirm that I understand that it is my responsibility to keep the Citizenship and Enrolment Registrar informed of my current address and personal information.

APPLICANT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

WITNESS NAME (PRINT) _____ WITNESS PHONE NUMBER _____

WITNESS ADDRESS _____ CITY/TOWN _____ PROVINCE _____ POSTAL CODE _____

PROOF OF IDENTIFICATION

☐ Attached to this form are copies of at least two of the following documents to confirm the applicant's identity. CHECK THOSE THAT ARE ATTACHED.

- ☐ Birth Certificate
- ☐ BC ID
- ☐ Drivers License
- ☐ Passport
- ☐ Status Card
- ☐ Statutory Declaration

FOR OFFICE USE: DATE RECEIVED: _____ COMPLETE? ☐

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DECLARATION OF NAME

To confirm the identity of applicant for treaty enrolment if other documents are not available

SOLEMN DECLARATION

I **solemnly declare** that my full, legal name is: _____(PRINT NAME)_____.

I understand that making a false representation in an attempt to become a Huu-ay-aht treaty participant or to assist someone in attempting to become a Huu-ay-aht treaty participant is an offence under Huu-ay-aht law punishable by a fine of up to $10,000 and imprisonment for up to two years.

_____
DECLARANT SIGNATURE

_____ _____
WITNESS SIGNATURE DATE

_____ _____
WITNESS NAME* (PRINT) WITNESS PHONE NUMBER

_____
WITNESS ADDRESS CITY/TOWN PROVINCE POSTAL CODE

***NOTE:** This solemn declaration MUST be signed in the presence of a person capable of taking solemn declarations under Huu-ay-aht Law* (a "Solemn Witness"). Solemn Witnesses include the Speaker, the Law Clerk the Executive Director and the Tayii Hawilth. See *Interpretation Act*, HFNA 14/2011, s. 27, for a list of persons capable of taking solemn declarations.

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Citizenship and Treaty Enrolment Act **Form 1**

APPLICATION FOR TREATY ENROLMENT

PART C: HUU-AY-AHT ANCESTRY

Please use names at birth.
Please use **NA** if the quest ion is not applicable, such as for Date of Death - **NA**
Please use Unknown if the information is unknown, forgotten or records are lost

Applicant's Name
Date of Birth
Place
Date of Marriage
Place
Band/Status#

Spouse Name
Born
Place
Band/Status#

Father Name
Date of Birth
Place
Date of Marriage
Place
Date of Death
Place
Band/Status#

Mother Name
Date of Birth
Place
Date of Marriage
Place
Date of Death
Place
Band/Status#

Grandfather Name
Date of Birth
Place
Date of Marriage
Place
Date of Death
Place
Band/Status#

Grandmother Name
Date of Birth
Place
Date of Death
Place
Band/Status#

Grandfather Name
Date of Birth
Place
Date of Marriage
Place
Date of Death
Place
Band/Status#

Grandmother Name
Date of Birth
Place
Date of Death
Place
Band/Status#

Great-Grandfather Name
Date of Birth
Date of Marriage
Date of Death
Band/Status#

Great-Grandmother Name
Date of Birth
Date of Death
Band/Status#

Great-Grandfather Name
Date of Birth
Date of Marriage
Date of Death
Band/Status#

Great -Grandmother Name
Date of Birth
Date of Death
Band/Status#

Great-Grandfather Name
Date of Birth
Date of Marriage
Date of Death
Band/Status#

Great -Grandmother Name
Date of Birth
Date of Death
Band/Status#

Great-Grandfather Name
Date of Birth
Date of Death
Marriage Date
Band/Status#

Great-Grandmother Name
Date of Birth
Date of Death
Band/Status#

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CERTIFICATION OF CUSTOM ADOPTION

I _____PRINT NAME_____, Tayii Hawilth (or designate) hereby certify that

_____ADOPTEE NAME (PRINT NAME)_____ was adopted by

_____PARENT (PRINT NAME)_____ and _____PARENT (PRINT NAME)_____

effective _____DATE_____ in accordance with Huu-ay-aht customary law.

TAYII HAWILTH OR DESIGNATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

WITNESS NAME (PRINT)

WITNESS PHONE NUMBER

WITNESS ADDRESS CITY/TOWN PROVINCE POSTAL CODE

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Citizenship and Treaty Enrolment Act **Form 1**

APPLICATION FOR TREATY ENROLMENT

PART D: COMMUNITY ACCEPTANCE THROUGH MARRIAGE

HUU-AY-AHT SPOUSE

LAST NAME _____ GIVEN NAME(S) _____

ADDRESS, CITY/TOWN, PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____ DATE OF BIRTH (Y/M/D) _____

SPOUSE IS (CHECK ONE):

☐ A Huu-ay-aht treaty participant ☐ Eligible to be Huu-ay-aht treaty participant

PROOF OF MARRIAGE (COMPLETE A OR B)

A) Attached to this form is one of the following documents to confirm that the applicant and Huu-ay-aht spouse have been married for at least five years:

☐ Copy of a marriage certificate for a marriage that occurred at least five years ago

OR

☐ Certification of custom marriage (use official form) for a marriage that occurred at least five years ago

B) Attached to this form are copies of <u>at least two</u> of the following documents to confirm that the applicant and Huu-ay-aht spouse have been cohabiting in a marriage-like relationship for at least five years:

☐ Tax returns filed as common law

☐ Shared ownership of residential property

☐ Important documents showing couple living at same address for at least five years (such a one member of the couple receiving bank statements at the same address where the other member of the couple's name is on the lease or title)

☐ Joint leases or rental agreements

☐ Bills for shared utilities

☐ Evidence of joint finances (ie joint bank account)

☐ Statutory declaration from a Huu-ay-aht citizen affirming relationship

☐ Statutory declarations <u>from both members</u> of the couple affirming relationship

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CERTIFICATION OF CUSTOM MARRIAGE

I _____PRINT_____, hereby certify that

_____PRINT NAME_____ and _____PRINT NAME_____

were married effective _____DATE_____ in accordance with Huu-ay-aht customary law.

_____
HAWILTH SIGNATURE

_____ _____
WITNESS SIGNATURE DATE

_____ _____
WITNESS NAME (PRINT) WITNESS PHONE NUMBER

_____
WITNESS ADDRESS CITY/TOWN PROVINCE POSTAL CODE

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SOLEMN DECLARATION AFFIRMING COHABITATION
TO BE COMPLETED BY APPLICANT AND SPOUSE

SOLEMN DECLARATION

I _____DECLARANT (PRINT NAME)_____ **solemnly declare** that I have been cohabiting in a marriage-like relationship with _____APPLICANT (PRINT NAME)_____ since _____DATE_____.

I understand that making a false representation in an attempt to become a Huu-ay-aht treaty participant or to assist someone in attempting to become a Huu-ay-aht treaty participant is an offence under Huu-ay-aht law punishable by a fine of up to $10,000 and imprisonment for up to two years.

_____
DECLARANT SIGNATURE

_____ _____
WITNESS SIGNATURE DATE

_____ _____
WITNESS NAME* (PRINT) WITNESS PHONE NUMBER

_____
WITNESS ADDRESS CITY/TOWN PROVINCE POSTAL CODE

***NOTE:** This solemn declaration MUST be signed in the presence of a person capable of taking solemn declarations under Huu-ay-aht Law* (a "Solemn Witness"). Solemn Witnesses include the Speaker, the Law Clerk, the Executive Director and the Tayii Hawilth. See *Interpretation Act*, HFNA 14/2011, s. 27, for a list of persons capable of taking solemn declarations.

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SOLEMN DECLARATION AFFIRMING COHABITATION
TO BE COMPLETED BY CITIZEN AFFIRMING RELATIONSHIP

DECLARANT INFORMATION

LAST NAME _____ GIVEN NAME(S) _____

ADDRESS, CITY/TOWN, PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

I AM (CHECK THOSE THAT APPLY):

☐ A Huu-ay-aht treaty participant ☐ A Huu-ay-aht citizen

SOLEMN DECLARATION

I _____ DECLARANT (PRINT NAME) **solemnly declare** that I personally know

_____ APPLICANT (PRINT NAME) and _____ SPOUSE (PRINT NAME), who I have

personally observed to be living together in a marriage-like relationship since _____ DATE

I make this application in support of the applicant's application to become a Huu-ay-aht Treaty participant. I understand that making a false representation in an attempt to assist someone to become a Huu-ay-aht treaty participant is an offence under Huu-ay-aht law punishable by a fine of up to $10,000 and imprisonment for up to two years.

DECLARANT SIGNATURE _____

WITNESS SIGNATURE _____ DATE _____

WITNESS NAME (PRINT) _____ WITNESS PHONE NUMBER _____

WITNESS ADDRESS _____ CITY/TOWN _____ PROVINCE _____ POSTAL CODE _____

***NOTE:** This solemn declaration MUST be signed in the presence of a person capable of taking solemn declarations under Huu-ay-aht Law* (a "Solemn Witness"). Solemn Witnesses include the Speaker, the Law Clerk the Executive Director and the Tayii Hawilth. See *Interpretation Act*, HFNA 14/2011, s. 27, for a list of persons capable of taking solemn declarations.

Under the *Community Attachment Regulation*, the following are indicative of an ongoing significant attachment to the Huu-ay-aht:

(a) participation in cultural events,
(b) participation in the People's Assembly,
(c) participation in community engagement sessions,
(d) voting in elections,
(e) demonstrating a knowledge of ancestral or familial connection to the Huu-ay-aht community,
(f) conducting oneself in accordance with the sacred principles,
(g) upholding Huu-ay-aht laws,
(h) engagement with the hahuułi in a manner that accords with the sacred principles and Huu-ay-aht law,
(i) learning to speak the language,
(j) learning or engaging in cultural practices, and
(k) upholding the citizenship declaration.

Please provide a summary of how you meet the above criteria as well as any other criteria that you would like the Ḥaẃiiḥ Council to consider in determining whether you have demonstrated an ongoing significant attachment to the Huu-ay-aht. You may attach additional pages if necessary.

If you are:

(a) a member or a registered Indian of an Indian Band,
(b) enrolled under another treaty or land claims agreement in Canada, or
(c) entitled to receive benefits under another treaty or land claims agreement in Canada,

you must include with your application the documents necessary to withdraw your membership, registration, enrolment or entitlement under paragraphs (a) to (c) together with written authorization for the Registrar to submit those documents on your behalf in the event that you are eventually granted citizenship.

Please contact the citizenship Registrar at 250.723.0100, or email citizenship@huuayaht.org to determine what documents must be included with your application.

NOTE: If you eventually apply for an are granted Huu-ay-aht citizenship, the paperwork you provide will be submitted to the government of Canada together with an Executive Council resolution confirming your applications have been accepted. After the enrolment and citizenship applications are approved, you will have the rights of a Huu-ay-aht treaty participant and citizen under Huu-ay-aht law. However, please note that Huu-ay-aht does not have any control over Canada's processes and it may take some time for the Canadian government to issue a new status number that reflects your status as a Huu-ay-aht citizen.

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Citizenship and Treaty Enrolment Act **Form 1**

APPLICATION FOR TREATY ENROLMENT

PART G: APPLICATION ON BEHALF OF ANOTHER

PERSON COMPLETING APPLICATION ON BEHALF OF ANOTHER PERSON*

LAST NAME

GIVEN NAME(S)

ADDRESS, CITY/TOWN, PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (Y/M/D)

DECLARATION

I confirm that I understand that it is my responsibility to keep the Citizenship and Enrolment Registrar informed of the applicant's current address and personal information.

I give permission for the information provided in relation to this application to be stored by and shared within the Huu-ay-aht government as necessary to process and evaluate my application for treaty enrolment and, if applicable, in relation to the applicant's Maht Mahs membership and citizenship.

I _____ DECLARE that the facts contained in this application are complete and accurate to the best of my knowledge and that I am authorized to make this application on behalf of _____, a minor or an adult whose affairs I have the legal authority to manage.

PARENT/GUARDIAN (PRINT NAME)

APPLICANT (PRINT NAME)

I understand that making a false representation in an attempt to assist someone to become a Huu-ay-aht treaty participant is an offence under Huu-ay-aht law punishable by a fine of up to $10,000 and imprisonment for up to two years.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

WITNESS NAME (PRINT)

WITNESS PHONE NUMBER

WITNESS ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE