

ONEIDA NATION OF THE THAMES

Administration Office:
2212 Elm Ave.
Southwold, ON N0L 2G0

Telephone: (519) 652-3244

Fax: (519) 652-9287

PARENTAL CONSENT
FOR REGISTRATION OF A MINOR CHILD ON THE MEMBERSHIP LIST
(To Avoid Any Delays, Please Complete ALL Sections)

We:

Mother's Full Name: _____

Registry Number: _____ d.o.b. Year: _____ Month: _____ Day: _____

Father's Full Name: _____

Registry Number: _____ d.o.b. Year: _____ Month: _____ Day: _____

Wish Our Child: _____

Born On: Year: _____ Month: _____ Day: _____ at

City: _____

To Be Registered With (✓) Check One Only: Mother: _____ Father: _____

Child Resides (✓) Check One Only: On Reserve: _____ Off Reserve: _____

Mother's Signature

Father's Signature

Street No. & Name

Street No. & Name

City/Province/Postal Code/State/Zip Code

City/Province/Postal Code/State/Zip Code

Telephone No.

Telephone No.

Date

Date

Witness

Witness

NOTE: If both parents are stated on the Certified True Photostatic Copy of the Birth Registration, then both parents must sign the Parental Consent Form