Métis Nation–Saskatchewan

Card Replacement: Name or Gender Change

I require a replacement of my Métis Citizenship Card:

(Please Select Reason)

- ☐ Legal Name Change
- ☐ Marriage
- ☐ Adoption
- ☐ Include Middle Name
- ☐ Reverting to Maiden Name
- ☐ Gender Marker Change
- ☐ Other: _____

Document(s) to submit:

Update Reason	Document Required
Legal name Change	Confirmation paperwork of legal name change
Marriage	Marriage Certificate or Confirmation paperwork of legal name change
Adopted	Adoption papers showing name change
Gender Change	Documentation confirming gender change or updated Birth Certificate
Other	Documentation showing change, please enquire for options

All Name/Gender Changes require copies of valid Saskatchewan Health Card and valid Government Issued Photo ID with noted change.

By filling out and signing this form you are agreeing to the same policies, consents, and permissions required by the MN–S Registry from new applicants for Métis Citizenship (these can be found in our current Individual Citizenship Application, available on our website metisnationsk.com).

Signature (Sign within the edges of grey box)

Date: _____

PRINT FULL NAME: _____

PREVIOUS SURNAME: _____ **GENDER:** _____ **MARITAL STATUS:** _____

MAILING ADDRESS: _____ **CITY:** _____

PROVINCE: SK **POSTAL CODE:** _____ **PHYSICAL ADDRESS:** _____
(If different from mailing)

PRIMARY PHONE: _____ **SECONDARY PHONE:** _____

EMAIL: _____ **DATE OF BIRTH:** ____ / ____ / ____
YYYY MM DD

CURRENT HEIGHT (0'0"): ____ ' ____ " **EYE COLOR:** _____ **MÉTIS LOCAL:** _____

APPLYING FOR FUNDING? IF SO, FOR: _____

PHOTO TAKEN: (YES/NO) _____ **IF YES, DATE:** _____ **MN–S CITIZENSHIP #:** _____

SUBMITTING COPIES OF YOUR ID? _____

Saskatchewan Provincial Citizenship Registry:
metisnationsk.com MAIL: Attn Registry Dept 310 20th Street East, Saskatoon, SK S7K 0A7
PHONE: 306.343.8391 TOLL FREE: 833.343.8391 FAX: 1.639.489.2984 EMAIL: info@mnsregistry.ca

AUTHORIZATION FORM

Eligible Person (Applicant)

Last Name _____ Given Name(s)_____

Relationship to Person Named on Copy Requested (i.e. myself, parent, spouse, etc)

_____

Street Address _____

City _____ Province _____

Postal Code _____ Phone Number _____

Authorized Individual (i.e. Metis Nation Saskatchewan)

Last Name _____ Given Name(s)_____

Organization Name Métis Nation - Saskatchewan Registry

Street Address 310 20th Street East

City Saskatoon Province Saskatchewan

Postal Code S7K 0A7 Phone Number 306-343-8391

I hereby waive, for the purpose of such document, any privilege I may have regarding privacy of information and release and discharge eHealth Saskatchewan to whom this release may be directed of all claims for any damages I may sustain resulting from any such report given to the above-named party.

I further declare that a photocopy of this authorization shall be of the same force and effect as an original signed copy.

Date _____

Signature of Eligible Person _____