Saskatchewan Provincial Métis Citizenship Registry | www.mns.ca
M: Attn Registry Dept 310 20th Street East, Saskatoon, SK S7K 0A7
PH: 306.343.8391 | TF: 833.343.8391 | FX: 1.639.489.2984 | EM: info@mns.ca

Métis Nation–Saskatchewan
Update Form: Renewal, Youth to Adult

☐ **Renewal** ☐ **Youth to Adult (16yr or over, first card)**

Important information:

- Signature and photo are required every time you renew and will appear on the card.
- Youth Citizens who are now 16 years or older acknowledge and consent to the information and authorization previously provided on their behalf by their parent or legal guardian in the Youth Application for MN–S Citizenship

1) Renewal / Youth to Adult by Email

- A recent passport quality photo of yourself
- A copy of your valid Government Issued Photo ID
- Name change document(s) if required

2) Renewal and Updates at Registry Offices:

- Photo and Signature taken for the card
- Copy of your valid Government Issued Photo ID
- Update and verify your basic information, and contact information

Sign within box using black ink or digitally. Signature will appear on your card.

DATE:_____

PRINT FULL NAME:_____

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

PHYSICAL ADDRESS:_____ **CITY:**_____

PROVINCE:_____ **POSTAL CODE:**_____ **MAILING ADDRESS:**_____
(if different from physical address)

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

EMAIL:_____ **DATE OF BIRTH:**_____

CURRENT HEIGHT(0'0"):_____ **EYE COLOR:**_____ **MN–S CITIZENSHIP #:**_____

PHOTO TAKEN(YES/NO):_____ **SUBMITTING PHOTO ID?:**_____

APPLYING FOR FUNDING? IF SO, FOR:_____

METIS LOCAL:

DO YOU GIVE THE REGISTRY PERMISSION TO RELEASE YOUR NAME AND MN-S CITIZENSHIP # TO YOUR LOCAL PRESIDENT? ☐ **YES** ☐ **NO (PLEASE CHECK ONE)**

HAVE YOU APPLIED OR RECEIVED FIRST NATION STATUS OR ARE YOU A MEMBER OF A FIRST NATIONS BAND?
☐ **YES** ☐ **NO (PLEASE CHECK ONE)**

AS PER THE MN-S CONSTITUTION ARTICLE 10 CITIZENSHIP DEFINITION (e) "Distinct from other Aboriginal peoples"

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 _____