



Adopted Inuit Children Application Form

To enroll an adopted Inuk child as a Beneficiary of the *Nunavut Land Claims Agreement* (NLCA), you must fill out this Adopted Inuit Children Application Form. Please sign the form, have your spouse sign the form, and send it to your Community Enrolment Committee or to NTI at:

Nunavut Tunngavik Inc.
Enrolment Administrator
Department of Human Resources
P.O. Box 280 Rankin Inlet, NU X0C 0G0
Tel: (867) 645-5400 Fax: (867) 645-3451
Toll Free: 1-888-236-5400
Website: www.tunngavik.com

Information of Adopted Child

1. Child's name:

Last:

First:

Middle:

2. Child's associated community:

3. Name of birth father:

4. Name of birth mother:

5. Birthplace:

6. Date of birth: Year: Month: Day:

7. Is the child an Inuk: Yes No

8. Is the child a Canadian citizen: Yes No

9. Sex of child: Male Female

10. In order to enroll as a Beneficiary of the *Nunavut Land Claims Agreement*, the child cannot be enrolled under any other Canadian land claim or treaty. Is the child currently enrolled in any other Canadian land claim or treaty?: Yes No

If yes, which one?:

If yes, does the child elect to be enrolled as a Beneficiary of the *Nunavut Land Claims Agreement*?: Yes No

Adopting Father

11. Father's name:

Last:

First:

Middle:

12. Mailing Address:

Street Address:

City:

Prov./Territory:

Postal Code:

Telephone Number:

13. Are you an Inuk?: Yes No

14. Are you enrolled as a Beneficiary of the *Nunavut Land Claims Agreement*? Yes No

15. If yes to question 13, please provide:

a. Social Insurance Number:

b. Date of Birth: Year: Month: Day:

c. Health Card Number:



Adopted Inuit Children Application Form *cont'd*

Adopting Mother

16. Mother's name:

Last: _____

First: _____

Middle: _____

17. Mailing Address:

Street Address: _____

City: _____

Prov./Territory: _____

Postal Code: _____

Telephone Number: _____

18. Are you an Inuk? Yes No

19. Are you enrolled as a Beneficiary of the Nunavut Land Claims Agreement? Yes No

20. If yes to question 18, please provide:

a. Social Insurance Number: _____

b. Date of Birth: Year: _____ Month: _____ Day: _____

c. Health Card Number: _____

I/We hereby declare that the above information is accurate and true to the best of my/our knowledge.

Date: _____

Father's Signature: _____

Mother's Signature: _____

FOR COMMUNITY ENROLMENT COMMITTEE OR NTI OFFICE USE ONLY.

This application has been reviewed by the Community Enrolment Committee and is: Approved Not Approved Missing information

Reasons for not Approving: Non-Inuk Non-Canadian Other land claim member

Other: _____

Date: _____ Community: _____

Community Enrolment Committee Signature: _____

Community Enrolment Committee Signature: _____

Community Enrolment Committee Signature: _____