

**Tahltan Nation Member Information Form**



Please answer the information below about you and members of your family. We will also need to know if you and your family members are of Tahltan ancestry (Answer: Yes/No/Not sure).

**Please return the completed form by:**

- Email to Shannon Frank: [InformationOfficer@tahltan.org](mailto:InformationOfficer@tahltan.org)
- Fax to the TCG office 250-771-3020
- Drop it off at the TCG office or mail it to PO Box 69, Dease Lake, BC VOC 1L0

Full legal name: (first, middle and last)		Birth name: (first, middle and last)	
Also known as:		Gender:	
Date of birth: (m/d/y)		Are you of Tahltan ancestry? (Yes/No/Not sure)	
Are you status or non status?		Status card number:	
Birth mother's maiden name: (full legal)		Married name:	Tahltan: (Y/N/NS)
Birth father's name: (full legal)			Tahltan: (Y/N/NS)
Mother's mother's full maiden name: (full legal)			Tahltan: (Y/N/NS)
Mother's father's full name: (full legal)			Tahltan: (Y/N/NS)
Father's mother's full name: (full legal)			Tahltan: (Y/N/NS)
Father's father's full name: (full legal)			Tahltan: (Y/N/NS)
Tahltan family name: (e.g. Goodzama)			
Name of spouse: (full, legal)		Tahltan: (Y/N/NS)	
Children: If you have children, please list their names and birthdates below.			
Name of child #1: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)
Name of child #2: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)
Name of child #3: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)
Name of child #4: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)
Name of child #5: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)
Name of child #6: (full legal)	Birthdate: (M/D/Y)	Status Card No.:	Other Parent's Name Tahltan: (Y/N/NS)

Additional information: (Please provide any information about you that may be helpful)

Please continue on the next page.../2

Mailing address: (Include street number and name, post box and rural route number)		
City/Town:		Province/state:
Postal/zip code:	Country:	
Home number:	Mobile number:	Work number:
Email address:		
How would you like to receive information from the Tahltan Central Council?		
<input type="checkbox"/> Email <input type="checkbox"/> Canada Post <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> I don't want to receive information		
If other, how? (E.g. in person, by a family member, etc.)		

**Other family members:**

It is important all members of the Tahltan Nation are included in this member list so they can receive information and talk to us. Please provide us with contact information for other members of your family or friends that we should be in contact with:

<b>Person #1</b>
Name:
Phone #:
Email:

<b>Person #2</b>
Name:
Phone #:
Email:

<b>Person #3</b>
Name:
Phone #:
Email:

<b>Person #4</b>
Name:
Phone #:
Email:

<b>Person #5</b>
Name:
Phone #:
Email:

<b>Person #6</b>
Name:
Phone #:
Email:

Please note: By providing your personal information, you are consenting to its collection and storage. If you would like more details about the collection and storage of this information, please read the attached Privacy Statement.

BOX 69 TATL'AH, DEASE LAKE, BC V0C 1L0 | P 250.771.3274 | 1-855-TAHLTAN (824-5826) | F 250.771.3020 | TAHLTAN.ORG

