

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@tahtlan.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	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 BIRTH DATES BELOW.			
NAME OF CHILD #1 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)
NAME OF CHILD #2 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)
NAME OF CHILD #3 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)
NAME OF CHILD #4 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)
NAME OF CHILD #5 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)
NAME OF CHILD #6 (FULL LEGAL)	DATE OF BIRTH	STATUS CARD NUMBER	OTHER PARENT'S NAME TAHLTAN (Y/N/NS)

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 RECIEVE INFORMATION FROM THE TAHLTAN CENTRAL GOVERNMENT?

EMAIL
 CANADA POST
 PHONE
 OTHER
 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:

PERSON #1

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERSON #2

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERSON #3

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERSON #4

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERSON #5

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERSON #6

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

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.