



**CARCROSS/TAGISH
FIRST NATION**

Box 130 Carcross, Yukon, Y0B1B0

Phone: (867) 821-4251 ext. 8206

Enrollment Form

APPLICANT INFORMATION

Applicants Name: _____
(Last) (First) (Middle)

Maiden Name _____

Present Mailing Address: _____
(Street Address or Box Number)

(City) (Territory or Province) (Postal Code)

Gender: Male or Female
(Circle One)

Adopted: Yes or No
(Circle One)

Birthdate: _____
(Day/Month/Year)

Birth Place: _____
(City and Territory/Prov.)

Citizenship (Passport): _____
(Country of Citizenship)

Indian Status #: _____
(If you have Indian Status, please provide the 10-digit number)

FAMILY INFORMATION

Are you affiliated with another First Nation? Yes or No (Circle One)

If yes, which one? _____
N Tutchone, S Tutchone, Gwich'in, Tlingit, Kaska, Tahltan, Others)

What Clan does your family belong to? _____
(Daklaweidi, Deishetaan, Gaanaxteidi, Ishkihitaan, Kookhitaan, Yan Yeidi)

Mother's Name:

(Last) (First) (Middle)

Father's Name:

(Last) (First) (Middle)

LEGAL GUARDIAN INFORMATION

Legal Guardian (other than parent): _____

Guardian's Mailing Address: _____

(Street Address or Box Number)

(City)

(Territory/Prov.)

(Postal Code)

Relationship & Reason for

Filing on behalf of Applicant: _____

ANCESTOR INFORMATION

**Were you a legal resident of the Yukon
on or before January 1, 1940?**

Yes or No
(Circle One)

If yes, where? _____

**If no, give Name, Relationship to you and Residence of Ancestor who was legal
resident of the Yukon on or before 1940?**

Name of Ancestor: _____

Relation to you: _____

**Residence
in/before 1940:** _____

APPLICANT'S SIGNATURE

(Applicant's Signature)

(Phone Number)

(Date)