

# APPLICATION CHECKLIST

BEFORE APPLYING PLEASE MAKE SURE YOU HAVE THE FOLLOWING  
COMPLETED

**1. Shtu Enrolment Application**

- ✓ Completely fill in the application
- ✓ Make sure you sign the application, unsigned forms will not be submitted to the board for approval
- ✓ Family History must be completed in order to see your Dene Ancestry

**2. Supporting Documentation**

- ✓ We will require a Birth Certificate, both Long Form or Restricted Copy is sufficient, if you provide us the smaller wallet size birth certificate the applicant will not be fully approved until the long form is provided to us.

**SAHTU ENROLMENT APPLICATION (Appendix A)**

Sahtu Enrolment Board

Box 155, Deline, NT X0E 0G0

Tel: (867) 589-4719 Ext#27 Fax: (867) 589-4908 Website: [www.sahtu.ca/enrolment.html](http://www.sahtu.ca/enrolment.html)Application for:  SELF  CHILD

IF FOR CHILD, PLEASE FILL IN YOUR PERMANENT ADDRESS BELOW

Applications Number (to be assigned)

Name \_\_\_\_\_ Tel. \_\_\_\_\_

Marital Status: Single  Married 

Address \_\_\_\_\_

Widow  Common Law 

Spouse's Name: \_\_\_\_\_

**1. PERSONAL INFORMATION (Applicant)****Applicant Name:**

(Full Name) \_\_\_\_\_

**Maiden Name** \_\_\_\_\_**Middle Name**

(Second, Third Name) \_\_\_\_\_

**Other Names:** \_\_\_\_\_**Date of Birth**

(01/JAN/1959)

DAY	MONTH	YEAR

**Sex** Male  Female**Contact Number:**

(   ) \_\_\_\_\_

**Mailing Address**

(St Address, Box #) \_\_\_\_\_

**Email Address:**

\_\_\_\_\_@\_\_\_\_\_

**Address Line 2** \_\_\_\_\_**Prov./Terr.:** \_\_\_\_\_**Postal Code:** \_\_\_\_\_**Community**

(Town, City) \_\_\_\_\_

**Birth Certificate #:** \_\_\_\_\_**Social Insurance #**

- - \_\_\_\_\_

**Citizenship:** Canadian  Other**Sahtu Community****Affiliation:**

( ) Colville Lake ( ) Deline Dene ( ) Norman Wells Land Corporation ( ) Fort Good Hope Dene  
 ( ) Fort Good Hope Metis ( ) Tulit'a Dene ( ) Fort Norman Metis

**IT IS A CRIMINAL OFFENCE TO MAKE THIS APPLICATION UNDER FALSE PRETENSES. ANYONE DOING SO MAY BE LIABLE TO IMPRISONMENT FOR A PERIOD NOT EXCEEDING TEN YEARS.**

**4. DECLARATION OF ELIGIBILITY**

**I DECLARE THAT I AM A SAHTU DENE OR METIS PERSON AS DEFINED IN SECTION 2.1.1 OF THE SAHTU DENE AND METIS COMPREHENSIVE LAND CLAIM AGREEMENT (AGREEMENT) AND BY CHECKING ONE OF THE FOLLOWING BOXES. I FURTHER DECLARE THAT:**

- ( ) I am Slavey, Hare or Mountain ancestry and I resided in, or used and occupied the settlement area defined on the Agreement on or before December 31, 1921.  
(if you check this box, please proceed to Box #6)
- ( ) I am a descendent of a person of Slavey, Hare, or Mountain ancestry who resided in, or used and occupied, the settlement area on or before December 31, 1921, 1921 defined in the Agreement.  
(if you check this box, please proceed to Section 5)
- ( ) I was adopted while under 19 years of age by an eligible person described above, or I am a descendent of an eligible adopted person. (if you check this box, please proceed to Section 5 and show your adoptive relationship to an eligible Sahtu person[s].)

## 5. FAMILY HISTORY - GENERAL INFORMATION

**YOUR ABILITY TO DESCRIBE YOUR FAMILY HISTORY IS CRITICAL AND YOUR SUCCESS IN GAINING YOUR SUCCESS IS GAINING ENROLMENT APPLICATION APPROVAL. TO HELP YOU DOCUMENT YOUR FAMILY HISTORY, FORMS ENTITLED "MY FATHER'S/MOTHER'S SAHTU ANCESTRY" ARE INCLUDED WITH THIS APPLICATION. THESE FORMS SHOW EACH OF YOUR DIRECT BLOOD ANCESTORS AND PROVIDE A CORRESPONDING NUMBER FOR EACH ANCESTOR. FOLLOW THE INSTRUCTIONS BELOW TO DESCRIBE YOUR ANCESTRY.**

**FAMILY HISTORY CHART:** Using the forms "My Father's/Mother's Sahtu Ancestry" list your direct biological ancestors related to a Sahtu D ne or Sahtu M tis persons who resided in, or used and occupied, the settlement area on or before December 31, 1921. For example, if you are relying on your biological father's father's father (Great Grandfather #6a on the form) to support your application, you will need to list each of the following: your great grandfather (#6a), your grandfather (#4a) and your father (#2a). Similarly include other ancestors as needed. You do not need to identify all of those people listed in the chart below: however, you must identify your ancestor who was living in, using or occupying the settlement area on or before 1921 and show your direct biological relationship to this person.

Ancestry Form #	Relationship to You	Name	Date of Birth	Community Affiliation
<b>Father's Ancestry</b>			D/M/Y	FGH - Tuli't'a - Deline - NW - CL
2a	Biological Father			
4a	Grandfather			
5a	Grandmother			
6a	Great Grandfather			
7a	Great Grandmother			
8a	Great Great Grandfather			
9a	Great Great Grandmother			
<b>Mother's Ancestry</b>			<i>*Please complete the Ancestry Chart Attached to this application first</i>	
10a	Biological Mother			
11a	Grandfather			
12a	Grandmother			
13a	Great Grandfather			
14a	Great Grandmother			
15a	Great Great Grandfather			
16a	Great Great Grandmother			

I declare that my family ancestry information is true, and that all my ancestors are of Sahtu D ne or Sahtu M tis descent, Please sign confirming the your information is true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## 6. APPLICATION FOR ENROLMENT

I declare (a) that I am over 19 years of age (b) and that I am eligible to be enrolled in the Agreement as set out above, (c) that I am not enrolled in any other comprehensive land claim agreement. And (d) that I wish to be enrolled as a participant pursuant to the Agreement. I understand that, if I am enrolled in another claim after I have been accepted as a participant in the Agreement, my participation in the Agreement will be cancelled. I further agree to have my name included and published yearly ending December 31 of each year in the Sahtu Enrolment Register. I recognize that the onus is on me to demonstrate my eligibility for enrolment in the Agreement and certify that all of the information contained in this application is true.

***A PERSON UNDER THE AGE OF 19 IS CONSIDERED A "MINOR" UNDER THE NWT LAW AND CANNOT SIGN THIS DOCUMENT ON HIS OR HER OWN BEHALF. A PARENT OR GUARDIAN MUST APPLY ON BEHALF OF THE PERSON UNDER 19.***

\_\_\_\_\_  
APPLICANT / PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS TO APPLICANT

\_\_\_\_\_  
DATE

**7. SECTION 4.2.2 APPLICATION: Community Acceptance**

**This document is to be completed only by those persons applying for enrolment as provided in Section 4.2.2 of the Agreement**

I declare: (a) that I am a Canadian Citizen of aboriginal ancestry living in the settlement area: (b) that I have been accepted by a Sahtu Community for purposes of enrolment; and, (c) my aboriginal ancestry is correctly described in Section 5 of this application. Accompanying this application is a community acceptance notice in the form prescribed by the Board. This Community Acceptance Notice has been certified by the President of the Sahtu Land Corporation into which I wish to be enrolled as a participant.

\_\_\_\_\_  
 APPLICANT / PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 WITNESS TO APPLICANT

\_\_\_\_\_  
 DATE

**6. FOR BOARD USE ONLY**

**DATE APPLICATION RECEIVED:** \_\_\_\_\_

**APPLICATION COMPLETE:** YES ( ) NO ( )

**APPLICATION ACCEPTED BY BOARD:** YES ( ) NO ( )

**FAMILY HISTORY INCLUDED AND SIGNED:** YES ( ) NO ( )

**MORE INFORMATION NEEDED:** YES ( ) NO ( )

**BOARD DECISION:** ( ) APPROVED ( ) NOT APPROVED

**DATE OF WHEN APPLICANT WILL BE NOTIFIED:** \_\_\_\_\_

**MOTION #:** \_\_\_\_\_

\_\_\_\_\_  
 ENROLMENT COORDINATOR SIGNATURE

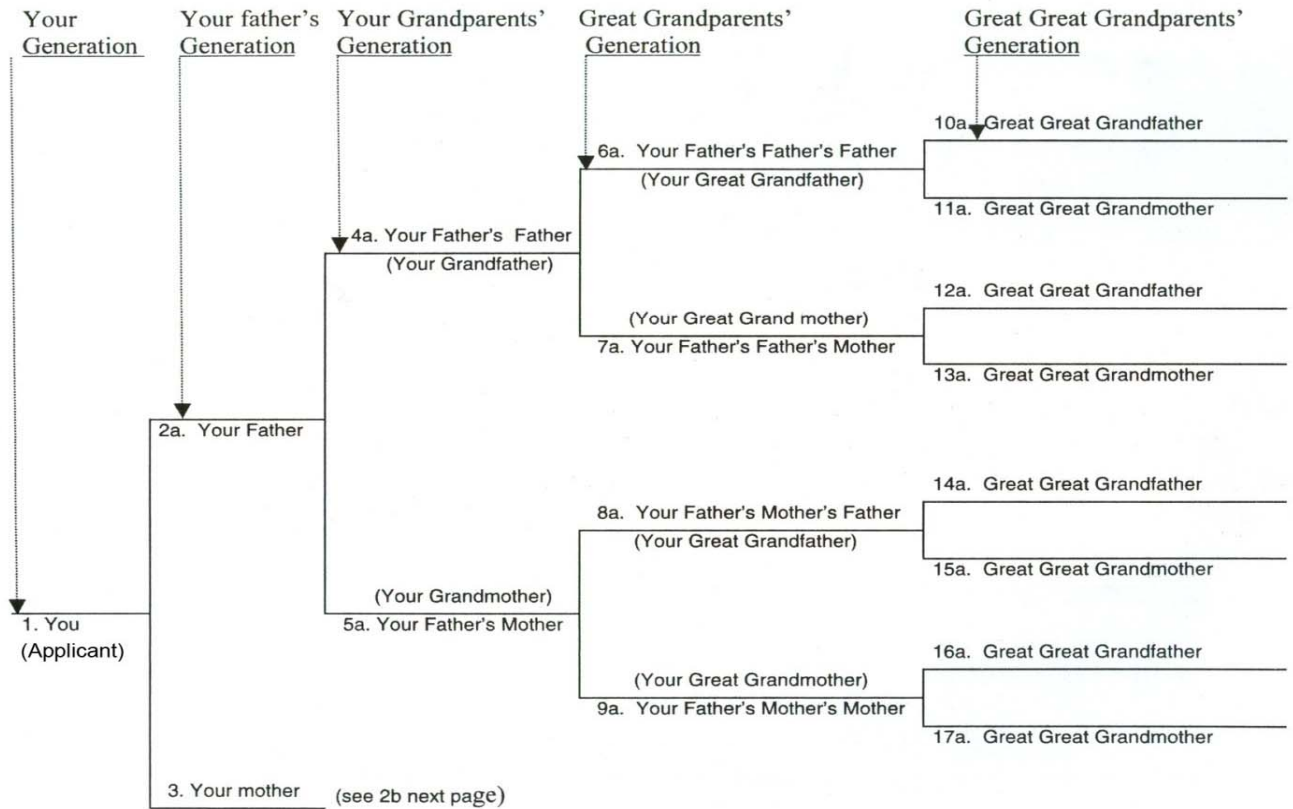
\_\_\_\_\_  
 DATE

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE YOUR ANCESTRY CHART BELOW.**

**My Father's Shtu Ancestry**



**My Mother's Shtu Ancestry**

