

Sahtu Enrolment Data Form

Please complete the entire form leaving out the **Registration Number**
The card will not be processed without unfilled data and a signature is **required**.

DATE OF APPLICATION: _____

Community Affiliation:

Deline Tulit'a Norman Wells Fort Good Hope Colville Lake

Ancestry: Dene Metis

Permanent Address (Parent's/Guardian) if applicant is under 18 years of age

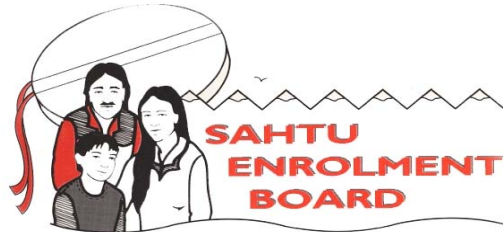
Name: _____

Address: _____

City _____ Prov./Terr. _____ Postal Code _____

TEL. NO. _____

Example (June, 21, 2000)



Date of Birth: _____, _____, _____

Mr. Ms. Mrs. _____ Jr. Sr.



Fullname: _____

AS IT WILL APPEAR ON YOUR ENROLMENT CARD

Registration Number: _____ **(For Office Use Only)**

Complexion: Fair Medium Dark ← SKIN COLOR

Sex: Male Female
Example (5 feet 11 inches)

Height: _____ Feet _____ Inches **Weight:** _____ LBS

Hair: Black Brown Other: _____

Eyes: Brown Hazel Other: _____

Parent or Guardian's SIGNATURE, if applicant is under 18 years of age

