Société Makivik
Makivik Corporation
Nunavik Enrolment Office
P.O. Box 179
Kuujjuaq, Nunavik (Quebec) J0M 1C0
Tel: (819) 964-2925 Fax: (819) 964-0458
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Form B
Enrolment Nunavik Inuit Beneficiary Application Form
(Child)

Nunavik Enrolment Office established under the authority of the Makivik Board of Directors is responsible to maintain the Nunavik Inuit Beneficiaries Register

Section A	**IDENTIFICATION OF THE APPLICANT**			**Page 1/3**
Applicant Family Name	Applicant Middle name	Applicant Given name(s)	☐ Female ☐ Male	
Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.: / Work Tel:
Address of Residence	City	Province/Territory	Postal Code	
Beneficiary No	Social Insurance No.	Health Care Card No.	Relationship to the Child Concerned ☐ Mother ☐ Father ☐ Other (specify)	

Section B	**INFORMATION OF THE CHILD CONCERNED**			
Family Name	Middle name	Given name(s)	☐ Female ☐ Male	
Date of Birth (yy/mm/dd)	Place of Birth	Home Phone No. / Work Phone No.		
Address of Residence	City	Province/Territory	Postal Code	Total Years of Residence "Outside Territory" (if applicable)
Community of Residence	Community Affiliation	Social Insurance No.	Health Care Card No.	"N" Number Health Canada (if Applicable)

Relation to the Child to be enrolled: ☐ Mother ☐ Father ☐ Guardian /Tutor (Please attach supportive document)
☐ Other (specify)

Section C	**INFORMATION OF THE PARENTS/GUARDIANS/TUTORS**				
Family Name of Father	Middle name of Father	Given name(s) of Father			
Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.: / Work Tel:	
Address of Residence	City	Province/Territory	Postal Code	Beneficiary No.	SIN No.

Maiden Name of Mother	Middle name of Mother	Given name(s) of Mother			
Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.: / Work Tel:	
Address of Residence	City	Province/Territory	Postal Code	Beneficiary No.	SIN No.

Is the child adopted following Inuit Customary Adoption?	☐ Yes (Complete also Section D of the present Application) ☐ No (Skip Section D of the present Application)

Section D INUIT CUSTOMARY ADOPTION

Date of Adoption (yy/mm/dd)	☐ Yes ☐ No Has the "Declaration of Inuit Customary Adoption Form" (Form G) been signed by the biological/adoptive parents/local Landholding Corporation/Northern Village? (If Yes, attach a copy to the Application	Has a signed copy been sent to the Québec Civil Status Register for official registration? ☐ Yes ☐ No

Family Name of Child at Birth	Middle name of Child at Birth	Given name(s) of Child at Birth

Family Name of Biological Father	Middle name of Biological Father	Given name(s) of Biological Father

Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.: / Work Tel:

Address of Residence	City	Province/Territory	Postal Code	Beneficiary No.	SIN No.

Maiden Name of Biological Mother	Middle name of Biological Mother	Given name(s) of Biological Mother

Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.: / Work Tel:

Address of Residence	City	Province/Territory	Postal Code	Beneficiary No.	SIN No.

Section E ELIGIBILITY

Is the Child a Canadian citizen?	☐ Yes ☐ No Specify →	
Is the Child an Inuk according to Inuit customs and traditions?	☐ Yes ☐ No Specify →	
Is the Child identified as an Inuk?	☐ Yes ☐ No Specify →	
Does the Child associated, i-e have family, residential, historical, cultural or social ties with an Inuit community?	☐ Yes ☐ No Specify →	
Is the Child registered under another Canadian Land Claim?	☐ Yes ☐ No Specify →	Beneficiary No.

Has the person concerned filed any application form to a Community Enrolment Committee and/or Nunavik Enrolment Review Committee within the last twelve (12) months of the date of the present Application? ☐ Yes ☐ No (if YES, please specify)	Community Date	☐ Application A: New Enrolment (Adult) ☐ Application B: New Enrolment (Child) ☐ Application C: Modification - Correction ☐ Application D: Re-Establishment Residence in Nunavik ☐ Application E: Removal from Nunavik Inuit Beneficiary List ☐ Application F: Request to Review a Decision

Additional information the Applicant wishes to add (if required):

Section F DECLARATION & SIGNATURE OF APPLICANT

I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge. Supportive documents enclosed: ☐ Yes ☐ No		x
Place of Signature	(yy/mm/dd)	Signature of Applicant

Section G RESERVED TO THE COMMUNITY ENROLMENT COMMITTEE ONLY

THIS APPLICATION HAS BEEN REVIEWED BY THE _____ ENROLMENT COMMITTEE

AND HAS BEEN: ☐ **Approved** ☐ **Not approved** ☐ **Missing Information**

Reasons for not approving:
- ☐ Not a Canadian citizen
- ☐ Not an Inuk according to Inuit customs and traditions
- ☐ Does not indentify himself as an Inuk
- ☐ Is not associated with the community
- ☐ Is enrolled at other Land Claim Agreement or Treaty
- ☐ Other (specify below):

Place of Signature	Date	x Signature of the Community Enrolment Secretary

Community Enrolment Committee **Decision No.**	**SECTION RESERVED TO NUNAVIK ENROLMENT OFFICE** Registered into the Nunavik Inuit Beneficiaries Register ☐ Yes Date: _____ INITIALS: _____

One signed copy for (1) the Applicant - (2) Community Enrolment Committee