



BAND TRANSFER APPLICATION FORM

Application for: Myself Couple Our Family

I/We, _____ authorize to provide Lake Babine Nation's Indian Registration Administrator my current registered band to verify the following information for myself, my spouse, and/or minor child(ren) age 15 & under.

- Full Legal Name
- Date of Birth
- Registration #
- Status Category
- Registered Since: _____
- Contact information: Mailing, Phone, & Email

1. Applicants Full Legal Name: _____
 Date of Birth: _____ Registration #: _____
 Category: _____ Registered Since: _____
 Mailing Address: _____
 Phone: _____ Email: _____

2. Spouse Full Legal Name: _____
 Date of Birth: _____ Registration #: _____
 Category: _____ Registered Since: _____
 Mailing Address: _____
 Phone: _____ Email: _____

3. Child(ren) ages 15 & Under:

Full Legal Name	Date of Birth (yyyy-mm-dd)	Registration #

Should you require more space, please utilize the reverse of this page

4. Have you transferred bands in the past 10 years? Yes No
If yes, which band(s): _____

By signing this, you agree to authorize my/our current band to verify and provide information for the individual/the couple/the family stated above.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____