



# Freehorse Family Wellness Society

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## AUTHORIZATION OF INFORMATION RELEASE FORM

This form authorizes *Indigenous Services Canada* (ISC) to release verification of your Bill C-31 or Bill C-3 status to *Freehorse Family Wellness Society*. This form must be completed, signed, dated, and submitted to FFWS as part of your application for sponsorship.

I, \_\_\_\_\_, hereby authorize Indigenous Services Canada to provide Freehorse Family Wellness Society with confirmation that I have received my Indian Status as a result of the amendments to the Indian Act (1985), also known as Bill C-31, as a result of Bill C-3, or as a result of neither of these Bills.

Surname: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Alias/Maiden name (if applicable): \_\_\_\_\_

Indian Registry number: \_\_\_\_\_

Band # (first 3 numbers) - Family # (middle 5 numbers) - Position # (last 2 numbers)

Date of Birth: \_\_\_\_\_

Year

Month

Day

Signature

Date

### OFFICE USE ONLY:

C-31    NOT C-31    C-3    NOT C-3

NWT    Inuit    Michel Band    Heart Lake

F.O. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed by (ISC): \_\_\_\_\_ Date: \_\_\_\_\_