

Nunavik Enrolment Office

P.O. Box 179 Kuujjuaq, Nunavik (Quebec) J0M 1C0 Tel: (819) 964-2925 Fax: (819) 964-0458

Website: www.makivik.org

Form G Declaration of Inuit Customary Adoption Form

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

C1' A		IDEN	TIFICATION	05 TU	IE ADDII	CANIT					
Section A		IDEN	TIFICATION	UF IH	IE APPLI	CANI					Page 1/4
Family Name at Birth Middle I			Middle Name	e Name at Birth				Given Name at Birth			Female Male
New Family Name at	Adoption		New Middle Name at Adoption					New Given Name at Adoption			
Trew runny nume at	- Adoption		110010	Taute 11							
Date of Birth (yy/mm/dd)	Date of Birth (yy/mm/dd) Place of Birth				Beneficiary No.			Civil Status Registration No.			n No.
Present Address of	Residence of	the Chil	d		City		Pr	ovince/Terri	tory	Po	stal Code
Community of Residence				c	Garilla Market			Caro Card	No.		
Community of Residence Community Affiliation			Tillation		Social Insurance No. Heal				Healtr	Care Card I	NO.
Date of Adoption (yy/mm/dd)					Total Years of Residence "Outside Territory" (if applicable)				Health Canada plicable)		
Section B			RMATION O	F THE						(,	pcu.;
Maiden Name of Biological Mother Middle								s) of Biologic	cal Mother		
				Home Pho			Home Phone	e No.			
Date of Birth (yy/mm/dd) Place o			Place of Birth	h Beneficiary No.			Work Phone	No.			
Address of Residence City		Province/Territory		tory	Pos			ears of Resi erritory" (if a	dence "Outside applicable)		
Community of Residence	Comm	nunity A	ffiliation	Socia	Social Insurance No.		Health Care Card No.			ımber Health (if Applicable)	
Marital Status Single		Married Common Law									
Separated Divorced Widow							Da	te of Eve	nt (yy/mm/c	ld)	
Family Name of Consort						Given Name(s)					
					.,						
Date of Birth of Consort (yy/mm/dd) Beneficial			Beneficiary	No. Co	onsort SIN No. Consort						

Form Section B (cont'd)	m G Dec		of Inuit Custo	=	-			cont'd NTS		Page 2/4	
Name of Biological Father			Middle	Middle Name of Biological Father				Given Name(s) of Biological Father			
<u> </u>							Home Phone No.				
Date of Birth (yy/mm/dd))		Place of Birth Beneficiary			ficiary No).	Work Phone No.			
							ı				
Address of Residence			City	Province/Territory		tory	Postal Code		Total Years of Residence "Outside Territory" (if applicable)		
			,		-						
Community of Residence	Community of Residence Community Af			Affiliation Social Insurance No.			He	alth Care Car	rd No.	"N" Number Health Canada (if Applicable)	
Marital Status Single	□ м	arried	Commo								
☐ Separated	∐ Di	vorced	∐ Widow				Date of Event (yy/mm/dd)				
Fam	nily Name	of Conso	rt				Given Name(s)				
Date of Birth of Consort (yy	/mm/dd)		Beneficiary No. Consort				SIN No. Consort				
Section C		ATION OF THE ADOPTIVE PARENTS					1110. 0011				
Maiden Name of Adoptive	e Mother		Middle Name of Adoptive Mother					Given Name(s) of Adoptive Mother			
•								Home Phone No.			
Date of Birth (yy/mm/dd)			Place of Birth Beneficiary N			ficiary No).	Work Phone No.			
									Total Years of Residence "Outside		
Address of Residence			City	Province/Territory		tory	Postal Code		Territory" (if applicable)		
Community of Residence Community Af			ffiliation Social Insu			ce No. Health				"N" Number Health Canada (if Applicable)	
Marital Status Single Married Comm			Commo	n Law							
Separated Divorced			∐ Widow				Date of Event (yy/mm/dd)				
Fan	rt				Given Name(s)						
Date of Birth of Consort (yy/mm/dd)			Beneficiary No. Consort				SIN No. Consort				
	Beneficiary No. consort										
Name of Advantage 5									,		
Name of Adoptive Father			Middle Name of Adoptive Fath			Father	er Given Name(s) of Adoptive Father Home Phone No.			s) of Adoptive Father	
Data of Disth. (m. l.; m. l.)			Diago of Divide			r	_	Work Phone			
Date of Birth (yy/mm/dd)			Place of Birth		Bene	ficiary No).				
Address of Residence			City Provi		ice/Territory		Postal Code			ears of Residence "Outside rritory" (if applicable)	

Form G Declaration of Inuit Customary Adoption Form cont'd Page 3/4								
Section C (cont'd) INFORMATION OF THE ADOPTIVE PARENTS								
						"N" Number Health		
Community of Residence	Community A		Social Insuranc	e No.	Health Care Card No.	Canada (if Applicable)		
Marital Status ☐ Single ☐ Separat	☐ Married ed ☐ Divorced	☐ Comme				. / / / / / / / / / / / / / / / / / / /		
				Date of Event (yy/mm/dd)				
	Family Name of Cons							
	Family Name of Conso	ort I		Given Name(s)				
Date of Birth of Consort	: (vv/mm/dd)	SIN No. Consort						
Section D			No. Consort	GICIAL	& ADOPTIVE PAREN			
			ds must be co					
THAT the Child is born in				-	•	of the year		
THAT the Biological Paren	its gave the Child	for adoption t	to the Adoptive	Parent	s on the th day o	of the month of,		
of the yea	ar							
THAT the adoption was made in accordance with Inuit customary adoption procedures and the Child is recognized and								
known within the commu	nity of			as the	child of the Adoptive	Parents, under the		
name								
THAT the Child is duly registered as a beneficiary pursuant to the James Bay and Northern Quebec Agreement, under								
number								
THAT the Declaration of L	_				_			
	to the Office of Civil Status Registry and that the Child has been registered at birth at the Civil Status Registrar under the							
number								
I, the Biological Mother, her	•							
this Declaration is accurate a	and true to the best	t of my knowled	dge.	Х				
Place of Signa			nm/dd)		Signature of Biolo	gical Mother		
I, the Biological Father, hereby declare that the information contained in this								
Declaration is accurate and true to the best of my knowledge.								
Place of Signa	ture	(yy/n	nm/dd)		Signature of Biolo	ogical Father		
I, the Adoptive Mother, hereby declare that the information contained in this								
Declaration is accurate and true to the best of my knowledge.								
Place of Signa	ture	(yy/n	nm/dd)		Signature of Adop	otive Mother		
I, the Adoptive Father, hereby declare that the information contained in this								
Declaration is accurate and true to the best of my knowledge.								
Place of Signa	ture	(yy/n	nm/dd)		Signature of Ado	ptive Father		

1.

2.

3.

4.

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Forn	n G Declaration of Inuit Customary Adoption	Form cont'd	Page 4/4
Section E RESER	VED TO THE NUNAVIK INUIT COMMUI	NITY REPRESENTATIVES O	NLY
I hereby declare that the inform	ation contained in this Declaration is		
accurate and true to the best of	my knowledge.		
		X	
		Signature of Mayor or	☐ Secretary Treasurer
		Community No	rthern Village
Place of Signature	(yy/mm/dd)		
I hereby declare that the inform	ation contained in this Declaration is		
accurate and true to the best of	my knowledge.		
		x	
		Signature of	f President
		Community Landho	lding Corporation
Place of Signature	(yy/mm/dd)		

KEEP ONE SIGNED COPY FOR:

AND SEND ONE SIGNED COPY TO: NUNAVIK ENROLMENT OFFICE

1) Biological Mother/Father

Makivik Corporation

(2) Adoptive Mother/Father

P.O. Box 179

(3) Community Northern Village

Kuujjuaq, Qc J0M 1C0

(4) Community Landholding Corporation