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Société Makivik
Makivik Corporation

Nunavik Enrolment Office

P.O. Box 179
 Kuujuaq, 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

Section A					IDENTIFICATION OF THE APPLICANT					Page 1/4
Family Name at Birth			Middle Name at Birth		Given Name at Birth			<input type="checkbox"/> Female <input type="checkbox"/> Male		
New Family Name at Adoption			New Middle Name at Adoption		New Given Name at Adoption					
Date of Birth (yy/mm/dd)		Place of Birth		Beneficiary No.		Civil Status Registration No.				
Present Address of Residence of the Child				City		Province/Territory		Postal Code		
Community of Residence		Community Affiliation		Social Insurance No.		Health Care Card No.				
Date of Adoption (yy/mm/dd)				Total Years of Residence "Outside Territory" (if applicable)			"N" Number Health Canada (if Applicable)			
Section B										INFORMATION OF THE BIOLOGICAL PARENTS
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		Beneficiary No.		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)		
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Divorced		<input type="checkbox"/> Common Law <input type="checkbox"/> Widow		Date of Event (yy/mm/dd)		
Family Name of Consort					Given Name(s)					
Date of Birth of Consort (yy/mm/dd)			Beneficiary No. Consort			SIN No. Consort				

Section B (cont'd)

INFORMATION OF THE BIOLOGICAL PARENTS

Name of Biological Father		Middle Name of Biological Father		Given Name(s) of Biological Father	
Date of Birth (yy/mm/dd)	Place of Birth	Beneficiary No.	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)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			Date of Event (yy/mm/dd)		
Family Name of Consort			Given Name(s)		
Date of Birth of Consort (yy/mm/dd)		Beneficiary No. Consort	SIN No. Consort		

Section C

INFORMATION OF THE ADOPTIVE PARENTS

Maiden Name of Adoptive Mother		Middle Name of Adoptive Mother		Given Name(s) of Adoptive Mother	
Date of Birth (yy/mm/dd)	Place of Birth	Beneficiary No.	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)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			Date of Event (yy/mm/dd)		
Family Name of Consort			Given Name(s)		
Date of Birth of Consort (yy/mm/dd)		Beneficiary No. Consort	SIN No. Consort		
Name of Adoptive Father		Middle Name of Adoptive Father		Given Name(s) of Adoptive Father	
Date of Birth (yy/mm/dd)	Place of Birth	Beneficiary No.	Home Phone No.		
			Work Phone No.		
Address of Residence	City	Province/Territory	Postal Code	Total Years of Residence "Outside Territory" (if applicable)	

Section C (cont'd)

INFORMATION OF THE ADOPTIVE PARENTS

Community of Residence	Community Affiliation	Social Insurance No.	Health Care Card No.	"N" Number Health Canada (if Applicable)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law <input type="checkbox"/> Widow	Date of Event (yy/mm/dd)	
Family Name of Consort			Given Name(s)	
Date of Birth of Consort (yy/mm/dd)	Beneficiary No. Consort	SIN No. Consort		

Section D

DECLARATION & SIGNATURES OF BIOLOGICAL & ADOPTIVE PARENTS

(All blank fields must be completed)

1. THAT the Child is born in _____ on the _____ th day of the month of _____, of the year _____.
2. THAT the Biological Parents gave the Child for adoption to the Adoptive Parents on the _____ th day of the month of _____, of the year _____.
3. THAT the adoption was made in accordance with Inuit customary adoption procedures and the Child is recognized and known within the community of _____ as the child of the Adoptive Parents, under the name _____.
4. THAT the Child is duly registered as a beneficiary pursuant to the James Bay and Northern Quebec Agreement, under number _____.
5. THAT the Declaration of Life Birth given at the birth of the Child by the Health Center to the biological mother has been sent 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, hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.

X

Place of Signature

(yy/mm/dd)

Signature of Biological Mother

I, the Biological Father, hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.

X

Place of Signature

(yy/mm/dd)

Signature of Biological Father

I, the Adoptive Mother, hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.

X

Place of Signature

(yy/mm/dd)

Signature of Adoptive Mother

I, the Adoptive Father, hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.

X

Place of Signature

(yy/mm/dd)

Signature of Adoptive Father

Form G Declaration of Inuit Customary Adoption Form		cont'd	Page 4/4
Section E RESERVED TO THE NUNAVIK INUIT COMMUNITY REPRESENTATIVES ONLY			
I hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.		X	
Place of Signature	(yy/mm/dd)	Signature of <input type="checkbox"/> Mayor or <input type="checkbox"/> Secretary Treasurer Community Northern Village	
I hereby declare that the information contained in this Declaration is accurate and true to the best of my knowledge.		X	
Place of Signature	(yy/mm/dd)	Signature of President Community Landholding Corporation	

KEEP ONE SIGNED COPY FOR:

- 1) Biological Mother/Father
- (2) Adoptive Mother/Father
- (3) Community Northern Village
- (4) Community Landholding Corporation

AND SEND ONE SIGNED COPY TO:

NUNAVIK ENROLMENT OFFICE
Makivik Corporation
P.O. Box 179
Kuuujuaq, Qc J0M 1C0