

UCHUCKLESAHT TRIBE

**Citizenship Act
Department of Human Services
Form DHS-5**



Date received:

(for Department of Human Services use only)

**CITIZENSHIP AND ENROLMENT
NOTICE OF RENUNCIATION FORM**

A. PERSONAL INFORMATION

Full Name of individual whose Uchucklesaht Citizenship or Enrolment under the Maa-nulth Treaty is being renounced:

Full Name: _____

Citizenship Number: _____ **Enrolment Number:** _____

Full Name of Parents or Legal Guardian(s) if different from Parents: *(where the individual whose Uchucklesaht Citizenship or Enrolment under the Maa-nulth Treaty is being renounced is a child or an adult for whom a committee has been appointed under the Patients Property Act (British Columbia))*

Parent/Legal Guardian 1: _____

Parent/Legal Guardian 2: _____

Address: _____

City: _____ **Province/State:** _____ **Code:** _____

Telephone Number: _____ **E-mail Address:** _____

B. RENUNCIATION

I HEREBY FREELY, WITHOUT THREAT, PROMISE OR COMPULSION, ABSOLUTELY AND UNCONDITIONALLY RENOUNCE MY: *(please check one)*

- Uchucklesaht Citizenship
- Enrolment under the Maa-nulth Treaty
- Uchucklesaht Citizenship and Enrolment under the Maa-nulth Treaty

C. EXECUTIONS

Prescribed Individual Signature(s)

EXECUTION DATE

Signature of individual whose Uchucklesaht Citizenship or Enrolment under the Maa-nulth Treaty is being renounced or his or her Parents/Legal Guardian(s)

Print Name, Address and Occupation:

Y	M	D

Print Name:

Print Name:

PRESCRIBED INDIVIDUAL CERTIFICATION:

Your signature constitutes a representation that you are a prescribed individual authorized to witness the execution of this Notice of Renunciation.