



Gwich'inat Eenjit Gàdatr'igwìjìlcheii Gidilii

Gwich'in Tribal Council

APPLICATION TO CHANGE NAME IN THE GWICH'IN COMPREHENSIVE LAND CLAIM AGREEMENT

I am currently registered under the following name:			
Full Name:			
Provide the following info:			
Enrolment Number		Date of Birth	
		(MM-DD-YYYY)	
Health Care No.	SIN No.		
_____	_____		
Change my name to the following:			
First Name:		Last Name:	
Middle Name:			
Reason for Name Change (Check one):			
<input type="checkbox"/>	MARRIAGE (please attach copy of marriage certificate)		
<input type="checkbox"/>	DIVORCE (please attach copy)		
<input type="checkbox"/>	OTHER (please attach copies of supporting documentation)		
Residential Address:			
Apt./Unit	Street No.	Street Name	City/Town
Country	Province/State	Postal Code	
Current Mailing Address:			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Country	Province/State	Postal Code

Applicant Signature

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily to update my enrolment file.

Print Name of Applicant

Date: MM-DD-YYYY

Signature of Applicant (If 19 years of age or older)

Date: MM-DD-YYYY

FOR OFFICE USE ONLY

Date received

Date reviewed by the Officer

Date Processed

Date of Enrolment

Enrolment No.

Applying In Person

Please bring Name of Change form and copy of your supporting documents to:
Gwichin Tribal Council
1-3 Council Crescent
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Mail

Mail or Courier Name of Change form and copy of your supporting documents to:
Gwichin Tribal Council
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax to 867-777-7919.
Attention to: Enrolment
Fax with Name of Change form and copy of your supporting documents.

Applying By Email

Email to enrolment@gwichintribal.ca. Please note that, you will need to scan your original Name of Change form and your supporting documents in a PDF format.