

DECLARATION OF REPRESENTATION

This form is for the sole use of Enrolled, Entitled or Status Algonquins.

I, _____ do hereby declare that I am of Algonquin\Nippissing descent.
Date of Birth, _____ Maiden Name (If applicable) _____

My children under the age of 18 are as follows-

Name _____	Birth date _____
Name _____	Birth date _____
Name _____	Birth date _____
Name _____	Birth date _____

Please indicate the name of your Spouse _____

For the purposes of being represented in the Algonquin land claim process, let it be known that we named here are represented by-

[Please check one box only]

- | | |
|--|--|
| <input type="checkbox"/> Antoine | <input type="checkbox"/> Ardoch |
| <input type="checkbox"/> Bancroft | <input type="checkbox"/> Bonnechere |
| <input type="checkbox"/> Greater Golden Lake | <input type="checkbox"/> Mattawa/North Bay |
| <input type="checkbox"/> Ottawa | <input type="checkbox"/> Sharbot Lake |
| <input type="checkbox"/> Whitney | |

NAME _____

ADDRESS _____

TOWN _____ POSTAL CODE _____

PHONE # _____ E-MAIL _____

SIGNATURE _____ DATE _____

This form supersedes any representation form that may have been previously signed.