



Form D

Re-establishment of Residence in Nunavik Application 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				(If the Applicant is the same as the Person Concerned, please skip Section A and go directly to Section B)
Applicant Family Name		Applicant Middle name		Applicant Given name(s)		Female Male
Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.:		Work Tel.:
Address of Residence		City		Province/Territory	Postal Code	
Beneficiary No	Social Insurance No.	Health Care Card No.	Relationship to the person concerned Other (specify)		Person Concerned	
Section B		INFORMATION OF THE PERSON CONCERNED				
Family Name		Middle name		Given name(s)		Female Male
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)		
Date of return in the community (yy/mm/dd)	Place of Work & Address		Number of Children under 18 years old	Do they attend school in Nunavik? Yes No If NO , Specify where →		
Was the person concerned residing "Outside Territory" for education purposes?			Yes No If YES , specify which institution and address→			
Was the person concerned residing "Outside Territory" for health purposes?			Yes No If YES , specify which institution and address→			
Was the person concerned residing "Outside Territory" for purposes of employment with an organization whose mandate is to promote the welfare of Inuit?			Yes No If YES , specify which Organization and address→			
Please specify the purpose why the person concerned was residing "Outside Territory" if not for education/health /employment with organization as above identified→						

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Section C MARITAL STATUS OF THE PERSON CONCERNED					
Marital Status	Single	Married	Common Law	Date of Event (yy/mm/dd)	
	Separated	Divorced	Widow		
Family Name of Consort			Given Name(s)		
Date of Birth of Consort (yy/mm/dd)		Beneficiary No. Consort		SIN No. Consort	
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)
Section D INFORMATION OF THE PARENTS OF THE PERSON CONCERNED					
Name of Father		Given name(s) of Father		Date of Birth (yy/mm/dd)	Ben. 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)
Maiden Name of Mother		Given name(s) of Mother		Date of Birth (yy/mm/dd)	Ben. 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)
Section E ELIGIBILITY					
Is the person concerned a Canadian citizen?		Yes	No	Specify →	
Is the person concerned an Inuk according to Inuit customs and traditions?		Yes	No	Specify →	
Does the person concerned identify his/herself as an Inuk?		Yes	No	Specify →	
Does the person concerned have family, residential, historical, cultural or social ties with the Inuit community you wish to be affiliated?		Yes	No	Specify →	
Is the person concerned registered under another Canadian Land Claim?		Yes	No	Ben. No.	
			Specify →		
Has the person concerned filed any application form to a Community Enrolment Committee and/or Nunavik Enrolment Review Committee within the last twelve (12) months of the date of the present Application? Yes No		Community		Application A: New Enrolment (Adult) Application B: New Enrolment (Child) Application C: Modification - Correction Application D: Re-Establishment Residence in Nunavik Application E: Removal from Nunavik Inuit Beneficiary List Application F: Request to Review a Decision	
(if YES, please specify)		Date			
Additional information the Applicant wishes to add (if required):					

