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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

<b>Section A</b>					<b>IDENTIFICATION OF THE CHILD</b>				
Family Name at Birth		Middle Name at Birth		Given Name at Birth		Female 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)				
<b>Section B</b>					<b>INFORMATION OF THE BIOLOGICAL PARENTS</b>				
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	Single	Married	Common Law		Date of Event (yy/mm/dd)				
	Separated	Divorced	Widow						

**Declaration of Inuit Customary Adoption Form**

**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	Single Separated	Married Divorced	Common Law Widow	Date of Event (yy/mm/dd)	

**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	Single Separated	Married Divorced	Common Law Widow	Date of Event (yy/mm/dd)	

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)
Community of Residence	Community Affiliation	Social Insurance No.	Health Care Card No.	"N" Number Health Canada (if Applicable)	
Marital Status	Single Separated	Married Divorced	Common Law Widow	Date of Event (yy/mm/dd)	

**Declaration of Inuit Customary Adoption Form**

**Section D DECLARATION & SIGNATURES OF BIOLOGICAL & ADOPTIVE PARENTS  
(All blank fields must be completed)**

1. THAT the Child is born in \_\_\_\_\_ on the \_\_\_\_\_ day of the month of \_\_\_\_\_, of the year \_\_\_\_\_.
2. THAT the Biological Parents gave the Child for adoption to the Adoptive Parents on the \_\_\_\_\_ 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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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Signature of Adoptive Father

**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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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Signature of Mayor or 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.	<b>X</b>	
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Place of Signature	(yy/mm/dd)	
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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  
Kuujuuaq, Qc J0M 1C0