

2024 WHITEFISH RIVER FIRST NATION HOLIDAY GIFT CARD APPLICATION



Please forward this form along and
 a copy of your photo ID to:
Whitefish River First Nation
Attn: GIFT CARD
PO Box 188, 17 A Rainbow Ridge Road
Birch Island, ON POP 1A0
 or submit via email to:
trust@whitefishriver.ca

Applications must have a complete mailing address and be received by **December 31, 2024**.
NOTE Applications received after that date will not be processed, no exceptions.

I make this application for the Whitefish River First Nation Holiday Gift Card on behalf of:

Myself
 Myself and My child(ren)
 My Child(ren)

INFORMATION – Please print clearly

Last Name	First Name	Maiden Name
Status Number	Date of Birth	Email
Mailing Address (PLEASE PRINT CLEARLY)		
City/Town	Postal Code	Contact Phone Number

APPLICANT STATEMENT

I, _____, am a (check one below)

- Status Indian registered with the Whitefish River First Nation, or
 Not Status Indian registered with the Whitefish River First Nation and make this application on behalf of my child(ren) or persons that I have legal guardianship over.

I hereby confirm that the information I have provided in and with this document is true and correct to the best of my knowledge and belief. I consent to the collection, retention and disclosure of the personal information herein.

Signature _____ Date _____

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Anyone over 18 yrs must complete their own application

Total Number of Children Registered with WRFN (under the age of 18 years) _____

Please list all children who are status Indians registered with WRFN and who are in your custody or case and for whom you are requesting the Christmas Gift Card. **Provide proof that children are in your care. ONLY one parent can fill out a form for their child(ren).**

Date of birth:	Status Number: 230	Address:
Full Name of Child 1		
Date of birth:	Status Number: 230	Address:
Full Name of Child 2		
Date of birth:	Status Number: 230	Address:
Full Name of Child 3		
Date of birth:	Status Number: 230	Address:
Full Name of Child 4		
Date of birth:	Status Number: 230	Address:
Full Name of Child 5		
Date of birth:	Status Number: 230	Address:
Full Name of Child 6		
Date of birth:	Status Number: 230	Address:
Full Name of Child 7		