

## Regulation Respecting Applications for Recognition K.K.L. c.M-1, r.7

**This Regulation was enacted pursuant to section 10.1, 10.2, and 10.3 of the *Kanien'kehá:ka of Kahnawà:ke Law* (the "Law") and approved by the Mohawk Council of Kahnawà:ke on June, 17 2019.**

1. Applications made to the Registrar must conform to the requirements of this Regulation and Appendix "A" and "B" and must be accompanied by the fee mentioned in Appendix "A" and "B". Any applications that do not conform will be summarily rejected by the Registrar and the Applicant will be informed within five (5) Working Days of the reasons for the rejection.
  2. The original copies of all applications for recognition will be kept by the Registrar or the General Manager of the Office of the Kahnawà:ke Kanien'kehá:ka Registry in a secure location.
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**APPENDIX “A”**  
**Application Form to be Recognized as a Kanien'kehá:ka of Kahnawà:ke**

**Notice to applicant:**

In order to determine your eligibility for recognition under the *Kanien'kehá:ka of Kahnawà:ke Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documentation. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

**A thirty (\$30) dollar administrative fee in Canadian funds must be paid at the Mohawk Council of Kahnawà:ke, and the receipt of payment must accompany this application. Please send by cheque or money order when submitting the application by mail:**

MCK Client Based Services  
PO Box 720  
Kahnawake Mohawk Territory  
QC, Canada  
JOL 1B0

Applying for: Recognition on KKL:       Amendment to Lineage:       Both:

**1) Applicant Information:**

Given name(s): _____	Last name: _____
Date of Birth dd/mm/yyyy: _____	
Gender (as per birth certificate): M <input type="checkbox"/> F <input type="checkbox"/>	

**2) Applicant Mailing Address:**

Address: _____	
Province/State: _____	Postal/Zip Code: _____
Primary Telephone #: _____	E-mail address: _____
<b>Please notify the OKKR of any changes in mailing address</b>	

**3) Adoption:**

To the best of your knowledge, are you or anyone in your family adopted?    Y: <input type="checkbox"/> N: <input type="checkbox"/>
If no, please continue to the next section of the application;
If yes, please identify the adoptee below and you must provide official documents acceptable to the Registrar to identify the adopted person(s). E.g. adoption records, birth certificates, statutory declarations.
Name of adoptee:

#### 4) Amendment to Lineage:

If you are requesting to amend lineage information, please identify the individual by name and relation to you. E.g. Mary Smith, Grandmother.

Name and relation of individual to be amended: \_\_\_\_\_

Date of Birth - dd/mm/yyyy: \_\_\_\_\_

Reason:

#### 5) Document Check List:

Please attach the following supporting documentation for the purpose of processing of your application:

- 1) Birth Certificate of the Applicant.
- 2) Identification letter for Onkwehón:we non-member parent as well as a lineage report identifying parents, grandparents and great-grandparents must be provided.  
  
Letter must identify individuals who are Onkwehón:we or Iah Onkwehón:we Taken before marriage. Official letter must be issued on letterhead and signed by registrar, Council Chief, or Membership Clerk of the Onkwehón:we non-member parent's band.
- 3) Official documents acceptable to the Registrar to identify the adopted person or to support an amendment to lineage.

**6) Authorization for the Release of Information:**

I, the undersigned applicant, hereby authorize any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to obtain such information that is required to verify the information and supporting documents provided by me for the purpose of this application.

I also authorize any agency contacted by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to review and verify the accuracy of the information and supporting documents.

I agree and consent that any and all information and records related to me that are kept by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry or that I provide to the Registrar, may be released to the Registrar for the purposes of the *Kanien'kehá:ka of Kahnawà:ke Law* and its Regulations and to the Mohawk Council of Kahnawà:ke or any Kahnawà:ke related entity for administrative purposes.

I understand that all such information and records will, except as provided for in the *Kanien'kehá:ka of Kahnawà:ke Law* and its Regulations, be treated as confidential and will not be divulged or communicated. This information will not be used for any purpose other than as required under the Law and Regulations.

**RELEASE AND WAIVER:** By signing below, I release the Registrar, the Mohawk Council of Kahnawà:ke and their respective members, Chiefs, employees and agents (the "Releasees") from any liability arising from or related to my application for recognition and waive any claim, action or complaint I may otherwise have against the Releasees, or any of them, arising from or related to my application or any decision in relation thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature

**7) Declaration in Support of Application:**

I, \_\_\_\_\_, the undersigned applicant, swear or solemnly affirm that all information and supporting documents provided by me are accurate, true and complete.

I understand that if any of the information or supporting documents that I have provided are fraudulent, false or misleading, the processing of my application will be rejected.

I also understand that if my application is accepted based on fraudulent, false or misleading information or supporting documents my recognition as a Kanien'kehá:ka of Kahnawà:ke may be revoked at any time in accordance with *Kanien'kehá:ka of Kahnawà:ke Law* and its Regulations.

By signing below, I acknowledge that the statements that I have made in this Declaration are binding on me to the extent permitted by law.

SWORN OR SOLEMNLY AFFIRMED in the presence of a Commissioner of Oaths or Notary on:

\_\_\_\_\_  
Day                  Month                  Year

Applicant:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Application Received by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**8) For Office Use Only**

Date Received: \_\_\_\_\_

Date of Acknowledgement: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Date KKC Signed: \_\_\_\_\_

Decision:



**APPENDIX “B”**

**Application For A Minor Child Or Dependent Adult To Be Recognized As A  
Kanien’kehá:ka of Kahnawà:ke**

**Notice to applicant:**

In order to determine your eligibility for recognition under the *Kanien'kehá:ka of Kahnawà:ke Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documentation. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

MCK Client Based Services  
PO Box 720  
Kahnawake Mohawk Territory  
QC, Canada  
JOL 1B0

**Applying for:** Recognition on KKL:       Amendment to Lineage:       Both:

**1) Minor Child or Dependent Adult Information:**

Given name(s): \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of Birth dd/mm/yyyy: \_\_\_\_\_  
Gender (as per birth certificate): M       F

**2) Parental Information:**

**Mother/Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name of Band or Tribe: \_\_\_\_\_  
Date of Birth dd/mm/yyyy: \_\_\_\_\_

**Father/Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name of Band or Tribe: \_\_\_\_\_  
Date of Birth dd/mm/yyyy: \_\_\_\_\_

**3) Minor Child or Dependent Adult Permanent Mailing Address:**

Address: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Please notify the OKKR of any changes in mailing address**

**4) Adoption:**

To the best of your knowledge, is the applicant or anyone in their family adopted?

**Y:**       **N:**

If no, please continue to the next section of the application;

If yes, please identify the adoptee below and you must provide official documents acceptable to the Registrar to identify the adopted person(s). E.g. adoption records, birth certificates, statutory declarations.

Name of adoptee:

**5) Amendment to Lineage:**

If you are requesting to amend lineage information, please identify the individual by name and relation to you. E.g. Mary Smith, Grandmother.

Name and relation of individual to be amended: \_\_\_\_\_

Date of Birth dd/mm/yyyy: \_\_\_\_\_

Reason:

**6) Document Check List:**

Please attach the following supporting documentation for the purpose of processing this application, incomplete applications will not be accepted:

- 4) Birth Certificate for the Applicant
- 5) Identification letter for Onkwehón:we non-member parent as well as a lineage report identifying parents, grandparents and great-grandparents must be provided.  
  
Letter must identify individuals who are Onkwehón:we or Iah Onkwehón:we Taken before marriage. Official letter must be issued on letterhead and signed by registrar, Council Chief, or Membership Clerk of the Onkwehón:we non-member parent's band.
- 6) Official documents acceptable to the Registrar to identify the adopted person or to support an amendment to lineage.



**7) Authorization for the Release of Information:**

I, the undersigned applicant, hereby authorize any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to obtain such information that is required to verify the information and supporting documents provided by me for the purpose of this application.

I also authorize any agency contacted by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to review and verify the accuracy of the information and supporting documents.

I agree and consent that any and all information and records related to me that are kept by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry or that I provide to the Registrar, may be released to the Registrar for the purposes of the *Kanien'kehá:ka of Kahnawà:ke Law* and its Regulations and to the Mohawk Council of Kahnawà:ke or any Kahnawà:ke related entity for administrative purposes.

I understand that all such information and records will, except as provided for in the *Kanien'kehá:ka of Kahnawà:ke Law* and its Regulations, be treated as confidential and will not be divulged or communicated. This information will not be used for any purpose other than as required under the Law and Regulations.

**RELEASE AND WAIVER:** By signing below, I release the Registrar, the Mohawk Council of Kahnawà:ke and their respective members, Chiefs, employees and agents (the "Releasees") from any liability arising from or related to my application for recognition and waive any claim, action or complaint I may otherwise have against the Releasees, or any of them, arising from or related to my application or any decision in relation thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature

**8) Declaration in Support of Application:**

I, \_\_\_\_\_, the undersigned applicant, swear or solemnly affirm that all information and supporting documents provided by me are accurate, true and complete.

I understand that if any of the information or supporting documents that I have provided are fraudulent, false or misleading, the processing of my application will be rejected.

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By signing below, I acknowledge that the statements that I have made in this Declaration are binding on me to the extent permitted by law.

SWORN OR SOLEMNLY AFFIRMED in the presence of a Commissioner of Oaths or Notary on:

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

Applicant:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Application Received by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**9) For Office Use Only:**

Date Received: \_\_\_\_\_

Date of Acknowledgement: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Date KKC Signed: \_\_\_\_\_

Decision: