

MÉTIS NATION OF ONTARIO

CONSENT TO COLLECT & RELEASE INFORMATION

I, _____ (please print name), hereby give consent to the Métis Nation of Ontario (MNO) to collect and use the personal information I have provided them for the purposes of determining my application for citizenship with the MNO. I understand and agree that this personal information shall remain confidential and shall not be released to any person, affiliate or agency except as set out below or with my express consent.

Furthermore, I hereby authorize/do not authorize the MNO as follows (check each box for which you are giving consent):

I authorize the MNO to share my genealogy information, including any or all official birth or baptismal documents used for the purposes of linking me to my Métis ancestors with members of my immediate family – i.e. my grandparents, parents, siblings, children or other relatives where they can demonstrate how they link to my family tree.

 YES NO

I authorize the MNO to share my genealogy information including any/or all official birth or baptismal documents used for the purposes of linking me to my Métis ancestral connection with the following named persons, only insofar as they are able to show how they link to my family tree:

 YES NO

PRINT NAME

PRINT NAME

PRINT NAME

PRINT NAME

I authorize the MNO to confirm my citizenship status with all Métis Nation affiliates requesting said confirmation as criterion for applying for and/or obtaining programs and services offered by said affiliates.

 YES NO

I do not authorize MNO to share any of the contents of my file with any person, affiliate or third party.

 YES NO

I understand and agree that this consent will remain in effect until such time as it is rescinded by me in writing.

 YES NO

**Applicant
Signature:**

*Please keep
signature
within the box.*

Date: _____
MM / DD / YYYY

**Witness
Signature:**

Date: _____
MM / DD / YYYY