## MÉTIS NATION OF ONTARIO CHANGE OF ADDRESS FORM

My Citizenship	p Card number (if ap	pplicable):			-	
Name:	Last		First		Middle	
Date of Birth:	MM / DD / YYYY	_	, 1130		medic	
OLD ADD	PRESS:					
Street Addres	ss:					
Apartment or	Apartment or Unit # RR #		PO Box:			
City/Town:			_ Province:	Pos	Postal Code:	
Phone numbe	er:					
CURRENT	TADDRESS:					
Street Addres	SS:					
Apartment or Unit # RR #				PO Box: _		
' City / Town:					Postal Code:	
Phone number:						
Email:						
Email:						
Do you wish to receive a replacement Citizenship Card and/or Harvester's Certificate?  *** Updated photos are required if your previous card was issued more than 3 years ago. ***						
Citizenship Card Replacement: Harvester's Certificate Replacement:						
	Yes No			Yes	No 🔲	
Signature: Please keep signature within the box.					Date:	

Suite 1100 – 66 Slater Street, Ottawa, ON K1P 5H1

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