

REGULATION RESPECTING FORMS TO BE USED UNDER THE BENEFICIARIES ENROLMENT ACT

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Notice of Renunciation of Status as a Beneficiary

The First Minister of the Nunatsiavut Government is pleased to enact the following regulations with the consent of the Nunatsiavut Executive Council:

Short Title

1.

These regulations may be cited as the *Beneficiaries Enrolment Forms Regulations*.

Authority

2.

These regulations are made under clauses (a) and (d) of section 44 of the *Beneficiaries Enrolment Act*, IL 2005-13, as amended.

Interpretation

3.

Terms used in these regulations have the same meaning as in the *Beneficiaries Enrolment Act*.

Application Form

4.

For purposes of the *Beneficiaries Enrolment Act* the Application Form is set out in Schedule A.

Notice of Renunciation

5.

An individual who wishes to renounce his or her status as a Beneficiary and as an Inuk for purposes of Inuit Law pursuant to subsection 28(1) of the *Beneficiaries Enrolment Act* must complete and sign the form of notice set out in Schedule B in the presence of a notary public, commissioner of oaths or other official authorized to administer an oath or solemn declaration.

SCHEDULE A

**APPLICATION TO BE ENROLLED AS A BENEFICIARY
OF THE
LABRADOR INUIT LAND CLAIMS AGREEMENT**

Application to be Enrolled as a Beneficiary of The Labrador Inuit Land Claims Agreement

Instructions for Completing the Application

- ✓ Print clearly.
- ✓ Provide all information requested. If a part, or section, is not applicable, say so. If you do not know the answer to a question, say "I don't know". If you cannot answer, say so.
- ✓ If you need more space, provide the information on a separate sheet and staple it to the application form.
- ✓ All applicants must complete Parts 1, 2 and 7.
- ✓ Applicants who consider themselves "*Inuit*" or who claim at least 25% *Inuit* ancestry must complete Part 3.
- ✓ Applicants who consider themselves "*Kablunangajuit*" must complete Part 4.
- ✓ Applicants who do not live in the Labrador Inuit Settlement Area and who have less than 25% *Inuit* ancestry must complete Part 5.
- ✓ People who are willing to act as Sponsors in support of your application must complete the applicable section or sections of Part 6.
- ✓ Completed application forms must be submitted to:
Registrar of Beneficiaries
Nunatsiavut Government
P.O. Box 70
Nain
Labrador, NL
AOP 1L0

Notes:
Terms used in this form that are in *bold italics* are defined in Sections 1.1.1 & 3.1.1 of the Labrador Inuit Land Claims Agreement. If you require further assistance understanding the application process or completing the Application Form contact:

Registrar of Beneficiaries
Nunatsiavut Government
P.O. Box 70
Nain, Labrador, NL
AOP 1L0

Telephone: 709.922.2942

IF YOU CHANGE YOUR ADDRESS FROM THE ADDRESS GIVEN AT SECTION 1.16, YOU MUST INFORM THE REGISTRAR IMMEDIATELY AT THE ABOVE ADDRESS.

PART 1: PERSONAL BACKGROUND (To be completed by all Applicants)

1.1 Last Name: _____ Maiden Name: _____

1.2 Given Names: _____

1.3 Nickname(s): _____

1.4 Gender: Male Female

1.5 Are you a Canadian citizen? Yes No

1.6 If you are not a Canadian citizen, are you a permanent resident of Canada? Yes No
If "Yes", provide documentary proof.

1.7 Birth Date: _____ Birth Place: _____

1.8 Did your Mother have to leave the Labrador Inuit Land Claims Settlement Area for your birth? Yes No

Please indicate if either of your parents were **Permanent Residents** of the **Labrador Inuit Land Claims Area** at the time of your birth.

Mother Father Neither

1.9 Proof of birth. Please provide a copy of one of the following documents.

- Birth certificate Affidavit or solemn declaration of your birth made by a close relative
 Baptism certificate

1.10 Are you directly descended from a person who is registered on the **Register of Beneficiaries** or who was registered on the **Register of Beneficiaries** while alive? Yes No

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If you were born after December 1, 2005, list the names of individuals from whom you are directly descended who are **Beneficiaries** of the Labrador Inuit Land Claims Agreement (or who were **Beneficiaries** while alive).

If you were born after December 1, 2005 and you are **not** directly descended from an individual who is, or was enrolled, on the Register of Beneficiaries of the Labrador Inuit Land Claims Agreement, list the names of all individuals from whom you are directly descended who were alive and eligible to be enrolled on the Register of Beneficiaries on December 1, 2005, but who were not enrolled.

1.11 Are you currently a **Beneficiary** who was enrolled as a minor? Yes No

If "Yes", please give your Beneficiary number: _____

1.12 Do you consider yourself to be an **Inuk** or **Kablunângajuk**? **Inuk** **Kablunângajuk**

1.13 Are you a beneficiary of another Canadian aboriginal land claims agreement? Yes No

If "Yes", which agreement? _____

1.14 Place of **Permanent Residence**.

Street and Number	P.O. Box	Community/Town
Province/Country		Postal Code

1.15 How long have you lived there? _____
Years Months

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1.16 Present Mailing Address:

Street and Number	P.O. Box	Community/Town
Province/Country	Postal Code	

1.17 Phone Number _____ Fax Number _____

1.18 Email Address _____

1.19 Designate which Membership Committee you want to consider your Application by checking **ONE** of the following:

- I live in, or I am most closely connected to, Nain or the area north of Nain and request review by the Nain Membership Committee.
- I live in, or I am most closely connected to, Hopedale and request review by the Hopedale Membership Committee.
- I live in, or I am most closely connected to, Postville or Makkovik and request review by the Makkovik and Postville Membership Committee.
- I live in, or I am most closely connected to, Rigolet or the Lake Melville area of the **Labrador Inuit Land Claims Area** and request review by the Rigolet and Lake Melville Membership Committee.

1.20 Have you ever before made an application for enrolment to the Nunatsiavut Government, the Ratification Committee or the Labrador Inuit Association? Yes No

If "Yes", please give details:

Who did you apply to? _____

When? _____

What was the result? _____

Did you apply under a different name? Yes No

If "Yes", what name? _____

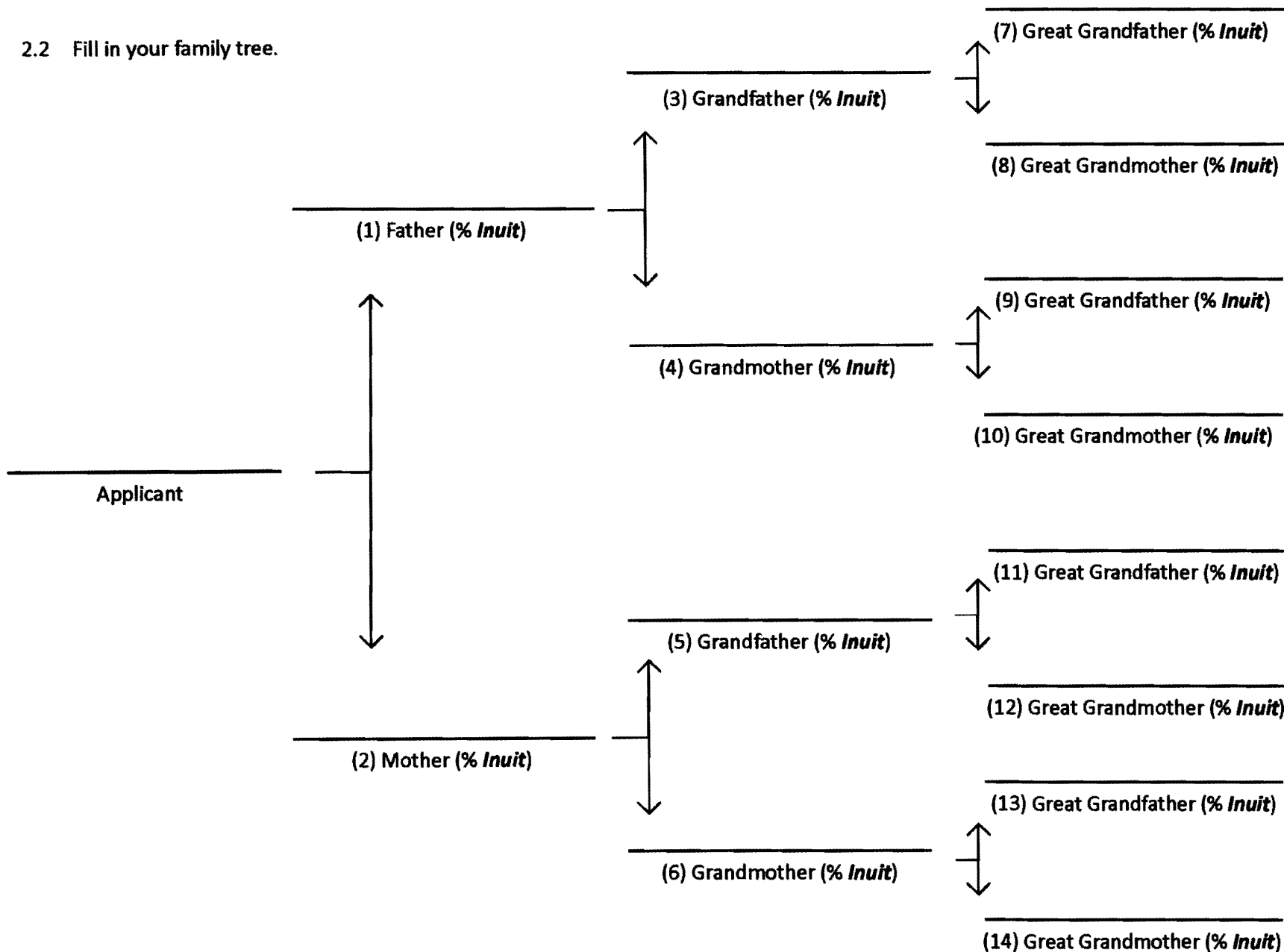
PART 2: ANCESTRY (To be completed by all Applicants.)

2.1 Please check **ONLY** those that apply and complete the 2 tables that follow.

- I am an *Inuk*
- I have at least 25% *Inuit* ancestry
- I am a *Kablunângajuk*
- I was born before December 1, 1990 and have no Inuit ancestry

Please complete your family tree on the following page.

2.2 Fill in your family tree.



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2.3 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. Note that (i) no person may have more than 100% *Inuit* ancestry and (ii) the numbers in the left column correspond to the numbers in the previous table.

# Ancestor	Given and Family Names	Date of Birth	Place of Birth	Years Resident in Claims Area	Place of Permanent Residence	Date of Death	Permanent Residence at Time of Death	Percentage Inuit Ancestry
1 Father								
2 Mother								
3 Father's Father								
4 Father's Mother								
5 Mother's Father								
6 Mother's Mother								
7 Father of #3								
8 Mother of #3								
9 Father of #4								
10 Mother of #4								
11 Father of #5								
12 Mother of #5								
13 Father of #6								
14 Mother of #6								

PART 3: INUIT

3.1 Why do you consider yourself to be an *Inuk*?

3.2 Which of your ancestors had 100% *Inuit* ancestry?

3.3 Do you consider you have 25% or more *Inuit* ancestry?

Yes

No

3.4 IF YOU ANSWERED "NO" in 3.3, give names, addresses and phone numbers of at least 2 *Inuit* who will swear or solemnly affirm that you are an *Inuk* pursuant to *Inuit* customs and traditions.
THESE SPONSORS MUST COMPLETE PART 6A.

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

PART 4: KABLUNÂNGAJUIT

4.1 Why do you consider yourself to be *Kablunângajuk*?

4.2 Give names, addresses and phone numbers of at least two (2) *Inuit* who will swear or solemnly affirm that you are *Kablunângajuk* according to *Inuit* customs and traditions. THESE SPONSORS MUST COMPLETE PART 6B.

Name	Address	Phone
Name	Address	Phone

4.3 Which of your ancestors listed in 2.2 has *Inuit* ancestry? Give their names and explain their *Inuit* ancestry.

4.4 Other than people listed in 2.2, do you have any other *Inuit* ancestors? Give their names, explain their *Inuit* ancestry, and explain your relationship to them.

4.5 If you have no *Inuit* ancestry, were any of your ancestors permanently resident in the *Labrador Inuit Land Claims Area* before 1940? Provide details in this table.

Name	Year Arrived in Claims Area	Place of Permanent Residence in Claims Area	Number of Years Lived in Claims Area

PART 5: CONNECTIONS TO THE LABRADOR INUIT LAND CLAIMS AREA (To be completed by Applicants who are not *Permanent Residents* of the *Labrador Inuit Settlement Area* and have less than 25% *Inuit* ancestry.)

5.1 A) If your permanent residence (given in 1.10) is not in the *Labrador Inuit Settlement Area* and you have less than 25% *Inuit* ancestry

Explain your connection to the *Labrador Inuit Settlement Area* or a *Region*.

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5.1 B) Give the names, addresses and phone numbers of two (2) people residing in the **Labrador Inuit Land Claims Area** to whom you are related and explain your relationship.

Name	Address
Relationship	Phone
Name	Address
Relationship	Phone

C) Give the names, addresses and phone numbers of two (2) **Inuit** or **Kablunângajuit** residing in the **Labrador Inuit Land Claims Area** who are not related to you, but who know you and your connection to the **Labrador Inuit Land Claims Area**. THESE SPONSORS MUST COMPLETE PART 6C.

Name	Address	Phone
Name	Address	Phone

5.2 Were you born in the **Labrador Inuit Land Claims Area**? Yes No

If you were not born in the **Labrador Inuit Land Claims Area**:

A) Were either of your parents **Permanent Residents** of the **Labrador Inuit Land Claims Area** at the time of your birth? Yes No

B) Did your mother have to leave the **Labrador Inuit Land Claims Area** for your birth? Yes No

C) Were either of your parents born in the **Labrador Inuit Land Claims Area**? If yes, give their names, dates and places of birth. Yes No

5.2 D) Were any of your grandparents born in the **Labrador Inuit Land Claims Area**? If yes, give their names, dates and places of birth, place of Permanent Residence and, if applicable their place of death.

Yes

No

E) If a grandparent listed in (D) died outside the **Labrador Inuit Land Claims Area**, did they move out of the Labrador Inuit Land Claims Area to receive nursing or other services in a home or facility for care of the elderly or in a health care facility? If yes, give the names and addresses of the home or facility.

Yes

No

F) Give the names and dates of birth of full siblings who are **Beneficiaries**.

PART 6: DECLARATION OF SPONSORS

6A TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE *INUIT* PURSUANT TO *INUIT* CUSTOMS AND TRADITIONS BY TWO (2) SPONSORS WHO ARE *INUIT*.

We the undersigned declare that the applicant, _____
is an *Inuk* pursuant to *Inuit* customs and traditions for the following reasons

Name	Address	Signature	Phone Number	Date

6B TO BE COMPLETED BY TWO (2) SPONSOR WHO ARE *INUIT* ON BEHALF OF AN APPLICANT WHO CLAIMS TO BE A *KABLUNÂNGAJUK* PURSUANT TO *INUIT* CUSTOMS AND TRADITIONS.

We the undersigned declare that the applicant, _____
is a *Kablunôngajuk* pursuant to *Inuit* customs and traditions for the following reasons

Name	Address	Signature	Phone Number	Date

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6C TO BE COMPLETED BY SPONSORS WHO RESIDE IN THE **LABRADOR INUIT LAND CLAIMS AREA** ON BEHALF OF AN APPLICANT WHO DOES NOT LIVE IN THE **LABRADOR INUIT SETTLEMENT AREA** BUT WHO CLAIMS TO BE CONNECTED TO THE **LABRADOR INUIT LAND CLAIMS AREA**.

We the undersigned declare that we know the applicant, _____ and the applicant is connected to the **Labrador Inuit Land Claims Area** for the following reasons

PART 7: DECLARATION OF APPLICANT (To be completed by all Applicants.)

The information in this Application is true and correct to the best of my knowledge. I understand that the decision about whether I am eligible to be enrolled as a beneficiary of the Labrador Inuit Land Claims Agreement depends on the accuracy of the information that I have provided and, if requested by the **Registrar** or the **Membership Committee**, I will give further information in support of my applications. I make this application knowing that if any of the information is false or misleading, it is an offence.

I hereby apply to be enrolled as a **Beneficiary** of the Labrador Inuit Land Claims Agreement.

Signature of Applicant

Date

If this Application has been completed on behalf of a child or other person under a legal disability please provide the name, address and phone number of the person who has completed this form and the capacity in which they acting on behalf of the Applicant.

Name

Capacity

Phone

Address

SCHEDULE B

**NOTICE OF RENUNCIATION OF STATUS AS A BENEFICIARY OF THE
LABRADOR INUIT LAND CLAIMS AGREEMENT**

(To be signed before a Notary Public, Commissioner of Oaths or other official authorized to take Oaths)

To the Registrar of Beneficiaries
Nunatsiavut Government
11 Sandbanks Road
P.O. Box 70
Nain, Labrador
A0P 1L0

TAKE NOTICE that I, _____,
[PRINT NAME IN FULL]
born the _____ day of _____, _____, whose address is _____
[DAY] [MONTH] [YEAR] [PRINT STREET NO.]

[STREET NAME, APT. NO., P.O. BOX NUMBER, COMMUNITY, PROVINCE, TERRITORY & COUNTRY]
whose enrolment number is _____, hereby choose not to be
[PRINT NUMBER OF BENEFICIARY ID CARD]
enrolled on the Register of Beneficiaries of the Labrador Inuit Land Claims Agreement and
renounce my status as a Beneficiary of the Labrador Inuit Land Claims Agreement and as an Inuk
for purposes of Inuit Law.

I have made this decision of my own free will without duress or the influence of any person, and I understand that I will no longer be entitled to exercise or enjoy the rights, benefits and privileges of a Beneficiary under the Labrador Inuit Land Claims Agreement, that I will not be entitled to any of the rights, programs and services provided under Inuit law, and that I will have to reapply to be enrolled as a beneficiary if I wish to recover my status as a Beneficiary.

I hereby surrender all cards issued to me by the Nunatsiavut Government that identify me as a Beneficiary.

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE] [PRINT NAME]

IN THE PRESENCE OF: _____
[SIGNATURE, NAME, ADDRESS, PHONE NO. OF OFFICIAL AUTHORIZED TO TAKE OATHS]

For Registrar's Use

Reviewed	Confirmation Letter	Date Removed	Index No.	Notices to Canada, NL, NG & Committee