



Delap's Cove Black Indian Pioneer Society Membership Application Form

DCBIPS are the warriors and the advocates for the Tribe of Medabankeajetc.

DCBIPS Privacy Statement. The Delap's Cove Black Indian Pioneer Society will collect and retain the applicant's information and supported documents for the sole purpose to link your lineage to Delap's Cove, Nova Scotia. All applicants and members information will not be shared with other members or the public. Only authorized DCBIPS administration will have access to the information. No alterations are to be made to DCBIPS documents except by authorized DCBIPS administration. Membership is free and Citizenship will be granted with approved membership.

Please read all instructions on this page before submitting your application.

Dependent's application is to be filled Parent/Legal guardian only and submit the completed application with the required documents as stated below.

SECTION A: Page 1-Personal Information Documents

- Complete the personal information on page 1.
- If dependent's name has been changed since birth and is different from their birth certificate; include a copy of the name-linking document example: legal name change certificate.

SECTION B: Page2-Family Lineage Documents

- Dependent's Long-term Birth Certificate copy stating Parent(s) name(s) with Mother's maiden name.
- If Dependent was adopted, the copy of their Long-term birth certificate must contain the adoptive parents name(s).
- If applicant has an Aboriginal Status, please include a copy of the Status card

SECTION C: Page 2- Submitting your documents

- Dependent's application and required document(s) copies must be submitted in the same email as the Parent/Legal guardian who completed their application.

SECTION D: Page 3-Declaration and Signature

- Read, sign and date the declaration on page 3. Failure to sign and date the declaration will delay the process of your application.
- Attach the completed, signed application form with all required documentation copies by email to **DCBIPS@hotmail.com**.

Dependent/Ward under 15 years of age

To be filled out by the Parent/Legal guardian only and must include this portion with the parent/legal guardian's application above. If you are applying for more than one Dependent/Ward; fill this portion out separately for each one.

SECTION A: Dependent/Ward Personal Information

Family Name	Given Name(s)
Family Name at Birth (if different from above)	Alias / Cultural Name (if applicable)
Sex (as per Birth Certificate) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYYMMDD)

Permanent Address

Address is on Reserve

Number, Street, Apartment,			
City/Town	Province/Territory	Country	Postal Code
Telephone Number (Daytime)	Telephone Number (Other)	Email Address	

Mailing Address (if different from above)

Number, Street, Apartment, Post Office Box #			
City/Town	Province/Territory	Country	Postal Code

If applicants legal name has been changed since birth, please checkmark the box that applies for the reason and print clearly the details below:

- Adoption Legal Name Change by Personal Choice: please state reason below.

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Aboriginal Lineage to Delap's Cove Black Mi'kmaq settlement of Delap's Cove, Annapolis County, NS

SECTION B: Family Lineage

Parents Information

Family Name	Family Name at Birth (if different)	Given Name(s)	Date of Birth (YYYYMMDD)	Adopted	Biological	Unknown
Mother						
Father						

Family Name	Family Name at Birth (if different)	Given Name(s)	Date of Birth (YYYYMMDD)	Adopted Yes/No
Grandfather				
Grandmother				
Great-Grandfather (1)				
Great-Grandmother (1)				
Great-Grandfather (2)				
Great-Grandmother (2)				

SECTION C: Supporting Document(s) Copies

Family Linking Document Copy

Applicant's Long-term Birth Document	Issuing Province
Registration Number on Birth Document	

SECTION D: Declaration and Signature

Failure to sign and date the declaration will delay the process of your application.

I _____ solemnly declare on behalf of my Dependent/Ward, that the statements, information and document copies I have provided with this application are unaltered, true and correct to the best of my knowledge and belief. I have read and understand the DCBIPS Privacy Statement.

I am requesting on behalf of my Dependent/Ward _____ to be a registered member of Delap's Cove Black Indian Pioneer Society.

Signature of Applicant: _____ Date: _____