



Whitecap Dakota First Nation

WDFN Off-Reserve – Off-Reserve Household Data Form

Whitecap Dakota First Nation leadership and administrative teams are working continuously to support members. For us to assist you better we are gathering information. Off Reserve members please fill this form to help us keep in touch with you.

Only the head of the household will be required to complete this form.

Part 1: Household Information

Name: _____

Address: _____

City/Town: _____ **Postal Code:** _____

Phone #: _____ **(h)** _____ **(c)** _____
 (If you do not have one, leave a contact number where we can reach you)

Email: _____

Part 2: List All Members Living in your Household

Full Name	Indian Status #	Age 18+	Email	Phone # we can reach you at
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

If more space needed please use separate sheet.

Date: _____



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PART 2: Confirmation

Confirmed Band Member?

Yes No

Copy forwarded to WDFN Membership Clerk

Yes No

WDFN Signature: _____ **Date:** _____

For Further Information Contact:

Self-Government Community Coordinator

Shelley Pinacie

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