

TOQUAHT NATION

**Citizenship Act
Department of Community Services
Form DCS-5**



Date received:

Approved Denied

Citizenship No. or Citizenship
and Enrolment No. (as
applicable):

*(for Citizenship and Enrolment
Registrar use only)*

A. PERSONAL INFORMATION

Full Name of individual whose Toquaht Citizenship or Enrolment under the Maa-nulth Treaty is being renounced:

Full Name: _____

Citizenship Number: _____ **Enrolment Number:** _____

Full Name of Parents or Legal Guardian(s) if different from Parents: *(where the individual whose Toquaht Citizenship or Enrolment under the Maa-nulth Treaty is being renounced is a child or an adult for whom a committee has been appointed under the Patients Property Act (British Columbia))*

Parent/Legal Guardian 1: _____

Parent/Legal Guardian 2: _____

Address: _____

City: _____ **Province/State:** _____ **Code:** _____

Telephone Number: _____ **E-mail Address:** _____

B. RENUNCIATION

I HEREBY FREELY, WITHOUT THREAT, PROMISE OR COMPULSION, ABSOLUTELY AND UNCONDITIONALLY RENOUNCE MY: *(please check one)*

Toquaht Citizenship

Enrolment under the Maa-nulth Treaty

Toquaht Citizenship and Enrolment under the Maa-nulth Treaty

C. EXECUTIONS

Prescribed Individual Signature(s)

EXECUTION DATE

Signature of individual whose Toquaht
Citizenship or Enrolment under the Maa-
nulth Treaty is being renounced or his or
her Parents/Legal Guardian(s)

Print Name, Address and
Occupation:

Y	M	D

Print Name:

Print Name:

PRESCRIBED INDIVIDUAL CERTIFICATION:

Your signature constitutes a representation that you are a prescribed individual authorized to witness the execution of this Notice of Renunciation.

FOR CITIZENSHIP AND ENROLMENT REGISTRAR USE ONLY:

This notice was received and approved by the Citizenship and Enrolment Committee on _____.

Citizenship and Enrolment Registrar