PASQUA FIRST NATION
CHRISTMAS DISTRIBUTION APPLICATION
For Children Under 18 Years of Age

Please clearly complete all sections and attach the required documents.

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1. PARENT / GUARDIAN INFORMATION

Full Name: _____

Status Number: _____ **Date of Birth (YYYY/MM/DD):** _____

Mailing Address: _____

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

Email Address: _____ **Phone / Cell Number:** _____

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2. CHILDREN IN YOUR CARE

Please list all Pasqua First Nation registered children under 18 years of age who are in your care.

	Child's Full Legal Name	Status Number	Date of Birth (YYYY/MM/DD)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Additional Children: Attach a separate sheet if more space is needed.

Proof of Children in Your Care
Please attach documentation confirming that the children are in your care. Examples include:
☐ Canada Revenue Agency documentation
☐ Letter from a school
☐ Letter from a social worker
☐ Other supporting documentation: _____

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3. METHOD OF PAYMENT

Please select one option.

☐ Electronic Funds Transfer (EFT)

☐ Paper Cheque

Banking Information Submitted?

☐ Yes

☐ No

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4. APPLICANT DECLARATION

I confirm that the information provided on this application is true and complete to the best of my knowledge.

Signature of Parent / Guardian: _____

Date (YYYY/MM/DD): _____

SUBMISSION INFORMATION

Please submit your completed application and all required supporting documents to:

Pasqua First Nation

- **Fax:** (306) 332-5199
- **Email:** memberinfo@pasquafn.ca

Please ensure all required information is completed and supporting documents are attached before submitting your application.