



# ONTARIO MÉTIS FAMILY RECORDS CENTER APPLICATION FORM

We understand that many people won't be able to supply all of the information asked for on the application. Simply give us all the information that you are able to. Family traditions of Aboriginal ancestry are an important part of our research. If you would like your application expedited, we can take your application over the phone. Call us at 1-613-332-4789.

## SUBMISSION INFORMATION AND PAYMENT

- 1) For a credit card payment, please give us a call at 1-613-332-4789.
- 2) If you are sending a certified cheque or money order, please sign the form below and send a copy of this application with payment. Please read the terms and conditions before submitting.
- 3) If you are making payment via PayPal, please attach this completed application and send it to [omfrcinfo@gmail.com](mailto:omfrcinfo@gmail.com) with your PayPal Registered Email Address. Please read the terms and conditions before submitting.
- 4) Don't forget to include a photo of yourself along with your submission. This can be sent to us via email or regular mail. Please send a clear photo, ideally a headshot, without glasses, hats, or other people in the picture. A good picture will speed up your application.
- 5) Supporting Documentation: Please also provide your Birth Certificate, a copy of your photo ID, and your signed Declaration.

## APPLICANT BASIC INFORMATION

Title:

First Name:

Middle Name:

Last Name:

Maiden Name (if applicable):

Adopted:    Yes    No

Birth Name (if different):

Address:

Address 2:

City/Town:

Province/State:

Postal Code/ZIP:

Main Phone Number:

Alternate Phone Number:

Email Address:

Date of Birth:

Place of Birth:

Sex:

Occupation:

## MATERNAL FAMILY HISTORY

### *Mother's Information*

Mother's First Name:

Mother's Middle Name:

Mother's Last Name:

Mother's Maiden Name:

Mother's Place of Birth:

Mother's Date of Birth:

Mother's Place of Death:

Mother's Date of Death:

### *Maternal Grandmother's Information*

Grandmother's First Name:

Grandmother's Middle Name:

Grandmother's Last Name:

Grandmother's Maiden Name:

Grandmother's Date of Birth:

Grandmother's Place of Birth:

Grandmother's Date of Death:

Grandmother's Place of Death:

### *Maternal Grandfather's Information*

Grandfather's First Name:

Grandfather's Middle Name:

Grandfather's Last Name:

Grandfather's Date of Birth:

Grandfather's Place of Birth:

Grandfather's Date of Death:

Grandfather's Place of Death:

If you have any additional information you have concerning your ancestors, please provide it in the space below. This can greatly help your application. If you are aware of whom your Aboriginal ancestor(s) were, please identify them for us. Thank you!

## ADDITIONAL INFORMATION

## PATERNAL FAMILY HISTORY

### *Father's Information*

Father's First Name:

Father's Middle Name:

Father's Last Name:

Father's Place of Birth:

Father's Date of Birth:

Father's Place of Death:

Father's Date of Death:

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### *Paternal Grandmother's Information*

Grandmother's First Name:

Grandmother's Middle Name:

Grandmother's Last Name:

Grandmother's Maiden Name:

Grandmother's Date of Birth:

Grandmother's Place of Birth:

Grandmother's Date of Death:

Grandmother's Place of Death:

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### *Paternal Grandfather's Information*

Grandfather's First Name:

Grandfather's Middle Name:

Grandfather's Last Name:

Grandfather's Date of Birth:

Grandfather's Place of Birth:

Grandfather's Date of Death:

Grandfather's Place of Death:

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If you have any additional information you have concerning your ancestors, please provide it in the space below. This can greatly help your application. If you are aware of whom your Aboriginal ancestor(s) were, please identify them for us. Thank you!

## ADDITIONAL INFORMATION

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## DISCLAIMER

I \_\_\_\_\_, hereby make application for membership with the Ontario Métis Family Records Center (Status) and the Painted Feather Woodland Métis Tribe. I swear that all of the information provided in this application is true to the best of my knowledge. I understand that my membership may be refused or later revoked if it is found that I have provided false information. I further agree that membership requires the payment of the specified fee. Type (or write) "I understand" in the box below to assure us you understand this disclaimer. Failure to do so will cause a delay in the processing of this form.

## SIGNATURE

Signature:

Date:

## FORM RETURN INFORMATION

Please return all pages of this form, your photo id, copy of birth certificate, and signed declaration to ensure processing of your application.

**ONTARIO MÉTIS FAMILY RECORDS CENTER**

**RR5, Bancroft, Ontario K0L 1C0**

**Canada**

**Phone: 1-613-332-4789**

**Email: [omfrcinfo@gmail.com](mailto:omfrcinfo@gmail.com)**

**On the web: <http://www.omfrc.org>**

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## DECLARATION

I hereby make application for membership in the Ontario Métis Family Records Center (Status). I certify that, to the best of my knowledge and belief, all the information provided in this application is true. I understand that membership may be refused or subsequently revoked if OMFRC concludes that, based on the information I have provided, I do not have Métis lineage. I further agree that membership requires payment of the specified fee.

Please type or print "I Understand" on the line below to verify to OMFRC that you understand our Terms and Conditions and this Disclaimer.

**Please print or type "I understand"**

**Signature**

**Date**