

# Schedule A

## Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

(NGSL 2011-03) (NGSL 2012-09) (NGSL 2013-04) (NGSL 2014-08)

Applicants are asked to note that Happy Valley – Goose Bay, North West River and Mud Lake are NOT in the Labrador Inuit Lands Claims Area or the Labrador Inuit Settlement Area.

### *Instructions for Completing the Application*

- IN THESE INSTRUCTIONS AND THE FORM “AGREEMENT” REFERS TO THE **LABRADOR INUIT LAND CLAIMS AGREEMENT**.
- TERMS THAT ARE IN BOLD ITALICS ARE DEFINED IN THE AGREEMENT.
- PRINT CLEARLY.
- PROVIDE ALL INFORMATION REQUESTED. IF A PART OR SECTION IS NOT APPLICABLE, SAY “N/A”. IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, SAY “I DON’T KNOW”.
- IF YOU NEED MORE SPACE, PROVIDE THE INFORMATION ON A SEPARATE SHEET AND STAPLE IT TO THE APPLICATION FORM.
- ALL APPLICANTS **MUST** COMPLETE PARTS 1, 2 AND 7.
- APPLICANTS WHO CONSIDER THEMSELVES “**INUIT**” AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 3 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6A.
- APPLICANTS WHO CONSIDER THEMSELVES “**KABLUNANGAJUIT**” AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 4 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6B.
- APPLICANTS APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT WHO ARE **NOT** PERMANENT RESIDENTS OF THE **LABRADOR INUIT SETTLEMENT AREA** MUST ALSO COMPLETE PART 5 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6C.
- APPLICANTS WHO CLAIM TO HAVE AT LEAST 25% INUIT ANCESTRY AND ARE APPLYING UNDER SECTION 3.3.3 OF THE AGREEMENT MUST COMPLETE PARTS 1, 2, AND 7.
- COMPLETED APPLICATION FORMS MUST BE SUBMITTED TO THE **REGISTRAR OF BENEFICIARIES** (ADDRESS BELOW.)

If you change your address from the address in section 1.16 of the Application Form you must immediately inform the Registrar at the address below.

If you need help completing the Application Form or understanding the application process contact the Registrar of Beneficiaries whose contact information is:

### **Registrar of Beneficiaries**

Nunatsiavut Government  
P.O. Box 70  
Nain, Labrador, NL  
AOP 1L0  
709.922.2942  
registrar.beneficiaries@nunatsiavut.com  
Toll free number 1.888.922.2942

v.4.3 NGSL 2018



**Part 1: Personal and General** (to be completed by all applicants)

1.1 Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

1.2 Given Name(s): \_\_\_\_\_

1.3 Nickname(s): \_\_\_\_\_ 1.4 Gender:  Male  Female

1.5 Are you a Canadian Citizen?  Yes  No

1.6 If you are not a Canadian citizen, are you a permanent resident of Canada?  Yes  No  
If "Yes", provide documentary proof.

1.7 Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

1.8 Did your mother have to leave the *Labrador Inuit Land Claims Area* for your birth?

Yes  No

Please indicate if either of your parents were *Permanent Residents* of the *Labrador Inuit Land Claims Area* at the time of your birth.

Mother  Father  Neither

1.9 Proof of birth. Please provide a copy of one of the following documents:

- Birth Certificate
- Baptism Certificate
- Affidavit or affirmation of your birth made by a relative

1.10 If you were born after December 1, 2005, are you directly descended from a person who is registered on the *Register of Beneficiaries* or who was registered on the *Register of Beneficiaries* while alive?

Yes  No

If "Yes", list the names of the individuals from whom you are directly descended who are registered on the *Register of Beneficiaries* or who were registered on it while they were alive

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Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

If “No”, list the names of individuals from whom you are directly descended who were alive on December 1, 2005 and who were eligible to be enrolled on the **Register of Beneficiaries** on that date.

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1.11 Are you currently a **Beneficiary** who was enrolled as a minor?  Yes  No

If “Yes” please give your Beneficiary number: \_\_\_\_\_

1.12 Give the full names of your siblings (full, half and adopted) and say if they are Beneficiaries:

Name	Beneficiary
	<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

1.13 Are you a beneficiary of another Canadian aboriginal land claims agreement?  Yes  No

if “Yes”, which agreement? \_\_\_\_\_

1.14 Place of **Permanent Residence**:

Street Name & Number: \_\_\_\_\_

Community/Town: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Province/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

1.15 How long have you lived there? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

1.16 Present Mailing Address:

Street Name & Number: \_\_\_\_\_

Community/Town: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Province/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

1.17 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

1.18 E-mail address: \_\_\_\_\_

1.19 Which Region are you are most closely connected to? The Membership Committee for that Region will consider your Application. Check **ONE** of the following:

- I am most closely connected to the Nain Region or Region north of Nain
- I am most closely connected to the Hopedale Region
- I am most closely connected to the Postville and Makkovik Region
- I am most closely connected to the Rigolet or the lower Lake Melville Region of the **Labrador Inuit Settlement Area**

1.20 Have you or a parent or guardian acting on your behalf ever before made an application for enrolment to the Nunatsiavut Government, the Ratification Committee or the Labrador Inuit Association?

Yes  No

If "Yes", please give details:

Who made the application? \_\_\_\_\_

Who did you apply to? \_\_\_\_\_ When? \_\_\_\_\_

What was the result? \_\_\_\_\_

Did you apply under a different name?  Yes  No

If "Yes", what name? \_\_\_\_\_

1.21 Are you a Beneficiary who was enrolled as a minor who has turned 19 and is reapplying under section 3.11.4 of the Agreement?

Yes  No

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

1.22 Please indicate the eligibility **Criteria** under which you are applying:

- I am an **Inuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- I am a **Kablunângajuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- I am an individual who has at least 25% **Inuit** ancestry applying under section 3.3.3 of the Agreement.
- I am an **Inuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.
- I am a **Kablunângajuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.

## Part 2: Ancestry (to be completed by all applicants)

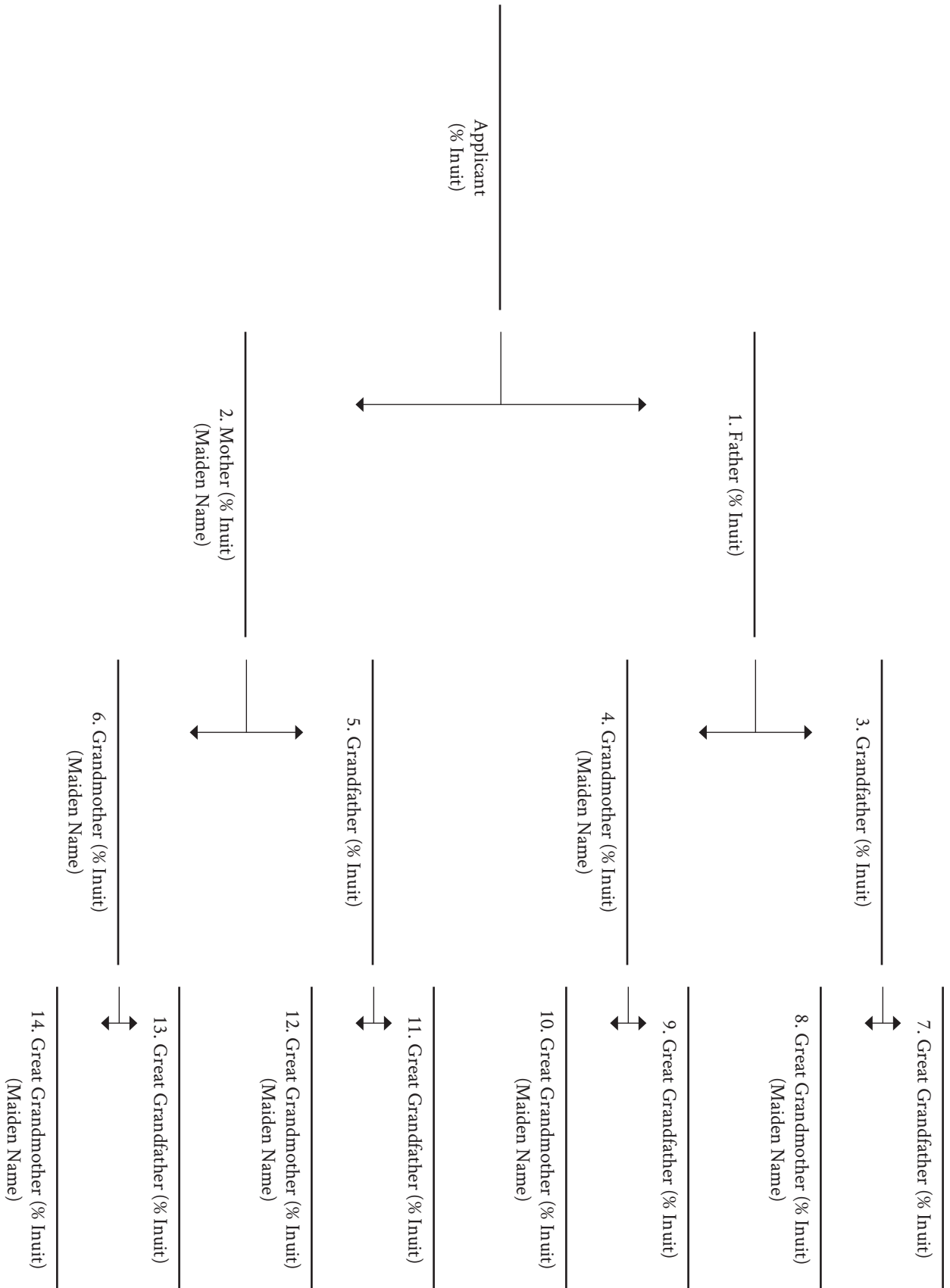
**Please complete your family tree on the following 2 pages. For all women in your family tree you must give their original family (maiden) names. Fill in as much as you can. You must supply all necessary information. If there is not enough room or you need more space, please write the information on a separate sheet and attach it.**

2.1 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. **Note** that (i) no person may have more than 100% **Inuit** ancestry; (ii) the numbers in the left column correspond to the numbers in the following table; and (iii) Happy Valley – Goose Bay, Northwest River and Mud Lake are **NOT** in the **Labrador Inuit Lands Claims Area**.

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

# Ancestor	Given and Family Names	Date of birth	Place of birth	Years Resident in Claims Area	Place of <i>Permanent Residence</i>	Date of death	<i>Permanent Residence</i> at time of death	Percentage <i>Inuit</i> Ancestry
1. Father								
2. Mother								
3. Father's Father								
4. Father's Mother								
5. Mother's Father								
6. Mother's Mother								
7. Father of #3								
8. Mother of #3								
9. Father of #4								
10. Mother of #4								
11. Father of #5								
12. Mother of #5								
13. Father of #6								
14. Mother of #6								

2.2 Fill in your family tree



Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

2.3 For each person listed in the table under section 2.1 who has Inuit ancestry and who was not a Permanent Resident of the Labrador Inuit Land Claims Area, give as much information as you can about his or her use and occupancy of the Labrador Inuit Land Claims Area. Please also explain his or her membership in an Inuit family or group of Inuit that also used and occupied the same area or areas and that continues to do so.

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**Part 3: INUIT.**

3.1 Why do you consider yourself to be an *Inuk*?

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3.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, addresses and phone numbers of at least 2 *Inuit* in or from the *Region* you are most closely connected to who are willing to act as witnesses by giving evidence that you are an *Inuk* pursuant to *Inuit* customs and traditions.  
THE WITNESSES MUST COMPLETE PART 6A.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Part 4: KABLUNÂNGAJUIT.**

4.1 Why do you consider yourself to be a *Kablunângajuk*?

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4.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, addresses and phone numbers of at least 2 *Inuit* in or from the *Region* you are most closely connected to who are willing to act as witnesses by giving evidence that you are a *Kablunângajuk* pursuant to *Inuit* customs and traditions.  
THE WITNESSES MUST COMPLETE PART 6B.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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4.3 Are you a *Kablunângajuk* who has no *Inuit* ancestry who settled permanently in the *Labrador Inuit Land Claims Area* before 1940? If so, provide details about yourself and your relevant ancestors in this table.

Name	Years Arrived in Claims Area	Place of Permanent Residence in Claims Area	Number of Years Lived in Claims Area

**Part 5: CONNECTIONS TO THE LABRADOR INUIT LAND CLAIMS AREA** (To be completed by Applicants who are not *Permanent Residents* of the *Labrador Inuit Settlement Area* who are applying under section 3.3.2 or 3.3.4 of the Agreement.)

5.1 (A) If your permanent residence (given in 1.14) is not in the **Labrador Inuit Settlement Area** explain how you are connected to the **Labrador Inuit Land Claims Area** or the **Region** given in 1.19.

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5.1 (B) Give the names, addresses and phone numbers of two (2) **Inuit** or **Kablunângajuit** residing in the **Labrador Inuit Land Claims Area** to whom you are related and explain your relationship.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5.1 (C) Give the names, addresses and phone numbers of at least two (2) **Inuit** or **Kablunângajuit** (a) who are not related to you, (b) who reside in the **Labrador Inuit Land Claims Area** in the **Region** you are most closely connected to and (c) who know you and the ways in which you are connected to the **Labrador Inuit Land Claims Area** and (d) who are willing to act as witnesses by giving evidence that you are connected to the **Labrador Inuit Land Claims Area**. THE WITNESSES MUST COMPLETE PART 6C.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5.2 (A) Were any of your grandparents born in the **Labrador Inuit Land Claims Area**?  Yes  No

If yes, give their names, dates and places of birth, place of **Permanent Residence** and, if applicable their place of death.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.2 (B) If a grandparent listed in 5.2(A) died outside the **Labrador Inuit Land Claims Area**, did they move out of the **Labrador Inuit Land Claims Area** to receive nursing or other services in a home or facility for care of the elderly or in a health care facility?

Yes  No

If yes, give the names and addresses of the home or facility.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.3 If you were not born in the **Labrador Inuit Land Claims Area** were any of your full siblings born in the **Land Claims Area**?

Yes  No

If yes, are any of them Beneficiaries?  Yes  No



**Part 6: DECLARATION OF WITNESSES.**

6A) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE INUIT PURSUANT TO INUIT CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE INUIT AND WHO LIVE IN OR ARE FROM THE REGION OF THE LABRADOR INUIT CLAIMS AREA THAT THE APPLICANT IS CONNECTED TO.

We the undersigned declare that the applicant, \_\_\_\_\_ is an *Inuk* pursuant to *Inuit* customs and traditions for the following reasons

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I am willing to be contacted and to answer questions about my evidence.

Name	Address	Signature	Phone Number	Date

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

6B) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE A **KABLUNÂNGAJUK** PURSUANT TO INUIT CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE **INUIT** AND WHO LIVE IN OR ARE FROM THE **REGION** OF THE **LABRADOR INUIT LAND CLAIMS AREA** THAT THE APPLICANT IS CONNECTED TO (See 1.19 above).

We the undersigned declare that the applicant, \_\_\_\_\_ is a **Kablunângajuk** pursuant to **Inuit** customs and traditions for the following reasons

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I am willing to be contacted and to answer questions about my evidence.

Name	Address	Signature	Phone Number	Date

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

6C) TO BE COMPLETED BY TWO (2) WITNESSES WHO ARE *INUIT* OR *KABLUNÂNGAJUIT* WHO LIVE IN **LABRADOR INUIT CLAIMS AREA**, WHO ARE NOT RELATED TO THE APPLICANT AND WHO CAN GIVE EVIDENCE OF THE WAYS IN WHICH THE APPLICANT IS CONNECTED TO THE **LABRADOR INUIT CLAIMS AREA**.

We the undersigned declare that we know the applicant, \_\_\_\_\_ and the applicant has the following associations and ties with the land and people of the *Labrador Inuit Land Claims Area*:

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I am willing to be contacted and to answer questions about my evidence.

Name	Address	Signature	Phone Number	Date



**Part 7: DECLARATION OF APPLICANT (To be completed by all Applicants)**

The information in this Application is true and correct to the best of my knowledge. I understand that the decision about whether I am eligible to be enrolled as a beneficiary of the Labrador Inuit Land Claims Agreement depends on the accuracy of the information that I have provided and, if requested by the **Registrar** or the **Membership Committee**, I will give further information in support of my Application. I make this Application knowing that if any of the information is false or misleading, it is an offence.

I hereby apply to be enrolled as a **Beneficiary** of the Labrador Inuit Land Claims Agreement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Or Applicant's Parent or Guardian**

If this Application is made by the parent or guardian of a child or other person under a legal disability please sign and date the Declaration above and provide your name, address and phone number and state the capacity (e.g., parent or guardian) in which you are acting on behalf of the Applicant. If you are the applicant's legal guardian please supply a copy of your appointment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity (e.g., Parent/Guardian/other): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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