

CKSPFN CHRISTMAS COVID-RELIEF 2021 - DEPENDENTS PAYMENT REQUISITION FORM

List all dependents (15 & Under) in your custody/care. (Those turning 16 on Dec. 6/2021 will receive own Cheque.)

| | Dependents – Full Legal Name | Birthdate | Band # (10 DIGITS) |
|---|-------------------------------------|------------------|---------------------------|
| 1 | | | 171- |
| 2 | | | 171- |
| 3 | | | 171- |
| 4 | | | 171- |
| 5 | | | 171- |
| 6 | | | 171- |
| 7 | | | 171- |

****Cheque will be payable to claimant****

- Claimant is parent or Legal guardian with whom dependents live. Proof will be required.
By signing this form you are stating that all dependents listed reside with you and are in your custody/care.

CLAIMANT INFORMATION

Full Legal Name: _____

Birthdate: _____ Band #: _____

Email: _____ Phone #: _____

Address: _____

Mailing Address: _____

Claimant Signature: _____ Date: _____

Relationship to above dependents(s): _____

*Status Parent to sign if Dependents _____

Guardian is non Status: _____

Parents Band #: _____

PICK UP / OR MAIL OUT
 (circle which one applies)

PLEASE INCLUDE COPY OF BAND CARD OR ID FOR EACH INDIVIDUAL CLAIMED!

COMPLETED FORM CAN BE DROPPED OFF AT THE ADMINISTRATION BUILDING OFFICE OR FAXED TO 519-786-2108. FORM MAY ALSO BE EMAILED TO: covid.relief@kettlepoint.org

Chippewas of Kettle & Stony Point Administration
 6247 Indian Lane
 Kettle & Stony Point FN, Ontario N0N 1J1
 Phone: (519) 786-2125

*Membership Clerk: Corrinnda Jackson – corrinnda.jackson@kettlepoint.org

THIS SECTION TO BE COMPLETED BY CKSPFN ADMIN. STAFF

| | | |
|----------------------------|----------------------|--------------------|
| Membership Verified: _____ | Finance Dept.: _____ | Chq Amt.: \$ _____ |
|----------------------------|----------------------|--------------------|