

**CKSPFN GIFT DISTRIBUTION 2024 - DEPENDENTS PAYMENT REQUISITION FORM**

List all dependents (17 & under) in your custody/care. (*Those turning 18 during Dec. 9-31/2024 will receive their own Cheque.*)

	Dependents Full Legal Name	Birthdate	Band/Status (10 DIGITS)
1			171-
2			171-
3			171-
4			171-
5			171-
6			171-
7			171-

**\*\*Cheque/EFT 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 the residents 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 dependent(s): \_\_\_\_\_

\*Status Parent to sign if dependent(s)  
 Claimant/guardian is non-status: \_\_\_\_\_

Status Parents Band #: \_\_\_\_\_

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

**PLEASE INCLUDE COPY OF BAND STATUS CARD, ID, OR PROOF OF CUSTODY 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: [community.distribution@kettlepoint.org](mailto:community.distribution@kettlepoint.org)**

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

Membership Clerk: Chenoa Lunham – [chenoa.lunham@kettlepoint.org](mailto:chenoa.lunham@kettlepoint.org)

THIS SECTION TO BE COMPLETED BY CKSPFN ADMIN. STAFF		
Membership Verified: _____	Finance Dept.: _____	Chq Amt.: \$ _____

**\*Cut off time: December 9, 2024, at Noon for payment on December 13/17, 2024. Applications received afterwards will be processed starting January 13, 2025.**