ᑐᒃᓯᕋᐅᑎ ᑐᓱᒐᒃᓴᓂᒃ ᑎᒍᓯᓂᕐᒧᑦ
ᑐᓴᒐᒃᓴᓂᒃ ᑎᒍᓯᓂᕐᒧᑦ ᐊᒻᒪ ᓴᐳᒻᒥᔮᕆᓂᕐᒧᑦ ᑲᙳᓇᖅᑐᓂᒃ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂᒃ ᐱᖁᔭᕐᔪᐊᖅ

ᑖᓐᓇ ᑐᒃᓯᕋᕈᑕᐅᔪᖅ ᐆᒧᖓ

General information My own personal information

Personal information for another person
(Attach proof of authority to act for the person) ᓇᓕᐊᖕᓄᑦ ᐱᓕᕆᕝᕕᒋᔭᐅᔪᒧᑦ ᑐᒃᓯᕋᕈᑎᖃᕋᕕᑦ ᑐᓴᒐᒃᓴᓂᒃ? (ᓇᓗᓇᐃᕐᓗᒍ ᐱᓕᕆᕝᕕᒋᔭᐅᔫᑉ ᐊᑎᖓ, ᐱᒡᒍᔾᔨᔩᑦ, ᐊᐅᓚᑦᑎᔩᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑲᒥᓯᓇᒧᑦ)

ᑐᒃᓯᕋᖅᑎᐅᔪᖅ

Mr. Mrs. Ms. Miss ᐊᑎᕈᓰᑦ ᐊᑏᑦ
ᑲᒻᐸᓂᒋᔭᐅᔫᑉ ᐊᑎᖓ (ᐱᑕᖃᖅᐸᑦ)

ᑎᑎᖅᑲᒃᑯᕕᒃᐱᑦ ᑐᕌᕈᑖ

ᓄᓇᓖᑦ ᐊᕕᒃᓯᒪᓂᕆᔭᐃᑦ ᑎᑎᖅᑲᐅᓯᕝᕕᖕᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᖅ

ᐅᖄᓚᐅᑏᑦ (ᐊᖏᕐᕋᒥ) ᐅᖄᓚᐅᑏᑦ (ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ) ᓱᒃᑲᔪᒃᑯᑦ

ᓇᓕᐊᖕᓄᑦ ᑐᓴᒐᒃᓴᓂᒃ ᑐᒃᓯᕋᕈᑎᖃᕋᕕᑦ?
I w ould like to receive a copy of the original record I w ould like to examine the original record
ᓇᓗᓇᐃᕐᓗᒍ ᑐᓴᒐᒃᓴᓂᒃ ᑎᒍᓯᒍᒪᔾᔪᑎᒋᔭᐃᑦ ᐅᓂᒃᑳᐅᓯᕆᑦᑎᐊᕐᓗᒍᓗ. ᑎᒍᓯᒍᒪᓂᐊᕐᓂᕈᕕᑦ ᑲᙳᓇᖅᑐᓂᒃ ᑐᓴᒐᒃᓴᐅᔪᓂᒃ ᑎᑎᕋᖅᑕᐃᓐᓇᕆᒃᑭᑦ ᐊᑎᕆᔭᓕᒫᖏᑦ ᐃᓕᑕᕆᔭᐅᔪᓐᓇᕐᓂᐊᕐᒪᑦ ᕿᓂᖅᑕᐅᓂᐊᖅᑎᓪᓗᒍ. ᑎᑎᕋᕐᕕᑭᒃᓴᓕᕈᕕᑦ, ᐸᐃᐹᑎᒍᑦ ᑎᑎᕋᕈᓐᓇᖅᑐᑎᑦ ᐃᓚᓕᐅᑎᒋᒍᓐᓇᕐᓂᐊᖅᑕᕐᓂᒃ.

ᑲᙳᓇᖅᑐᓂᒃ ᑐᓴᒐᒃᓴᓂᒃ ᐃᓕᔭᐅᔪᑦ ᑕᕝᕙᖓ ᑕᑕᑎᕈᒻᒧᑦ ᐱᓯᒪᔭᐅᓂᐊᖅᑐᑦ ᑐᓴᒐᒃᓴᓂᒃ ᑎᒍᓯᓂᕐᒧᑦ ᐊᒻᒪ ᓴᐳᒻᒥᔮᕆᓂᕐᒧᑦ ᑲᙳᓇᖅᑐᓂᒃ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂᒃ ᐱᖁᔭᕐᔪᐊᖏᓐᓂ, ᐊᒻᒪ ᐊᑐᖅᑕᐅᓇᔭᖅᖢᑎᒃ ᑐᒃᓯᕋᕈᑕᐅᔪᒧᑦ. ᐊᑭᓕᕆᐊᓕᖕᒥᒃ ᐱᑎᑕᐅᓇᔭᖅᑐᖅ ᑐᒃᓯᕋᖅᑎᐅᔪᖅ ᑐᓴᒐᒃᓴᓂᒃ ᑐᒃᓯᕋᕈᑕᐅᔪᒧᑦ.

ᑐᒃᓯᕋᖅᑎᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᖓ: ᐅᓪᓗᖓ: .

ᐱᓕᕆᕝᕕᒋᔭᐅᔪᓄᑦ ᐊᓯᖏᓐᓅᙱᑦᑐᖅ ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᔪᒃᓴᓕᐊᖑᔪᖅ
ᐅᓪᓘᑉ ᐱᔭᐅᕝᕕᖓ ᑐᒃᓯᕋᐅᑎᐅᑉ ᓈᓴᐅᑖ ᐅᖃᐅᓯᒃᓴᐃᓪᓗ