

MEDICINE HAT POLICE SERVICE (MHPS)

CONFIRMATION OF ELIGIBILITY FOR FEE WAIVER

RECLAIMED NAME UNDER TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION 17

This form is for Indigenous peoples who are required by their province or territory to complete a fingerprint-based criminal record check in support of reclaiming their Indigenous name.

This form is to be submitted at the time of the request for fingerprinting, or for criminal record verification.

SECTION A: CONFIRMATION OF ELIGIBILITY

I am / the applicant is:

an Indigenous person who, as a result of the residential school system, underwent an imposed name change in Canada, or am/is the descendant of such a person, and am/is seeking to reclaim my/their Indigenous name.

SECTION B: NAMES AND SIGNATURE

Current name of applicant:

Name to be reclaimed by the applicant:

Name of person making the request, if other than the applicant:

Signature: _____

Date (YYYY-MM-DD): _____