Nomination to Administer an Estate

Complete if you are nominating someone to administer this estate

Details of the Deceased:

Name: _____

Band Name: _____ Band No: _____

Address: _____
Street/Box City/town Postal Code

Date of Death: _____

Nomination by Heir/Beneficiary:

I wish to nominate: _____

His/her address: _____
Street/Box no. City Postal Code

His/her phone number: (____) _____

Name: _____
Please Print

Address: _____

_____
City/Province/Postal Code

Signature: _____
Heir/Beneficiary

Date: _____

Please have your nominee complete the Application for Administration form

Privacy Act Statement

The information you provide in this document is collected under the authority of the *Indian Act* for the purpose of supporting the administration of estates of First Nation individuals. Information on individuals is used by employees of the Indian and Northern Affairs Canada Estates program who need to know the information in order to respond to the program requirements. We do not share the personal information. The personal information will be retained for 30 years after the last administrative action and then records are transferred to Library and Archives Canada (LAC) to be stored as archival records. Individuals have the right to the protection of and access to their personal information under the *Privacy Act* http://lois.justice.gc.ca/en/P-21/index.html.