

This Claim Form is for a:



Representative of a Removed Child who has died

FORM
B



First Nations Child
and Family Services
and Jordan's Principle
Settlement

A Representative of a Deceased Removed Child is:

1. An individual who is legally appointed to represent the **Estate of the Deceased Removed Child** (see **Part 5** for details);
- OR
2. Highest priority living **Heir** of the **Deceased Removed Child**, if the Removed Child died without a Grant of Authority (see **Part 6** for details).

A Deceased Removed Child is someone who:

1. Is a First Nations person, and
2. Was removed from their home as a Child while the Child or their Caregiving Parent(s) or Caregiving Grandparent(s) were Ordinarily Resident on Reserve in Canada, or anywhere in the Yukon, and
3. Was placed into care by Child Welfare Authorities between April 1, 1991, and March 31, 2022, and
4. Died on or after April 1, 1991.

Important eligibility requirements

- The Removed Child's placement must have been funded by Indigenous Services Canada (ISC).
- Removals from the Northwest Territories are not covered under this Settlement Agreement.



For more information about this Settlement, please see www.FNChildClaims.ca.



Resources and support are available to you at no cost. For free assistance to complete this Form and for explanations about the Claims Process, call the Administrator at **1-833-852-0755**.



Filling out this Form may be emotionally difficult or traumatic for some people. If you are experiencing emotional distress and want to talk, culturally competent counsellors are available 24 hours a day through the **Hope for Wellness Helpline** at **1-855-242-3310** or online at www.HopeForWellness.ca to provide free support and crisis intervention services.

DEADLINE TO SUBMIT THIS CLAIM FORM: MARCH 10, 2028

If the Removed Child died after **March 10, 2025** while under the **Age of Majority**, the deadline to submit this Claim Form is 3 years from the Removed Child's date of death.

HOW TO SUBMIT THIS CLAIM FORM – Please submit this Claim Form using **one** of the following methods:

Online (Recommended)

Fill out and submit this Claim Form at:
www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca
Fax: 416-815-2723

Mail:

Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9

Part 1: Details about the Deceased Removed Child

Please fill in as much as you can to start your Claim. The Administrator may reach out for more information.

Important reminder: If you are applying **on behalf of a living** Removed Child who is a Person Under Disability, fill out **Form A - Removed Child Class Claim Form** instead of this one.

Name of Deceased Removed Child (Required) Legal name that matches the Removed Child's identification

First	Middle (if available)	Last

Name at Birth of Deceased Removed Child (if applicable) Only if different from legal name (e.g., maiden name)

First	Middle (if available)	Last

Date of Birth of Deceased Removed Child (Required)

Month	Day	-	Year				

The following information is not required but may help us process your Claim.

Indian Registration Number of Deceased Removed Child (Recommended)

--	--	--	--	--	--	--	--	--	--

Social Insurance Number (SIN) of Deceased Removed Child (Optional)

--	--	--	--	--	--	--	--	--	--

Part 2: Your Contact Information - Representative

Please provide as much information as possible so that the Administrator can communicate with you.

Note: In case your living situation changes, it is helpful to provide your email and/or mobile telephone information so we can contact you. If you move or change any contact details, please contact the Administrator as soon as possible to update your information so we can reach you.

Your Name (Required) Current legal name that matches your identification.

First	Middle (if available)	Last

Your Organization (if applicable)

--

Your Mailing Address (Required)

Street number	Street name	Unit
PO Box number (if applicable)	City / Town / Community	Postal Code
Province / Territory	Country	

Telephone # - Mobile (if available)

--	--	--	--	--	--	--

Telephone # - Home/Office (if available)

--	--	--	--	--	--	--

Ext. # (if available)

--	--	--	--	--

Email Address (if available)

--

If your mailing address listed here is a facility (e.g., correctional or medical) or a public place (e.g., hotel or Friendship Centre), please add its name. If you are staying with someone such as a friend or family member, please add their name.

--

How to submit this Claim Form:

Online (Recommended): www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca

Fax: 416-815-2723

Mail:

Settlement Administrator

PO Box 2500 STN MAIN

Newmarket, ON L3Y 0H9

How to receive free help:

Claim Form Assistance: [1-833-852-0755](tel:1-833-852-0755)

Hope for Wellness: [1-855-242-3310](tel:1-855-242-3310)

Part 3: Government Identification of Deceased Removed Child

Attach a photocopy, scan or photo of the Deceased Removed Child's government identification (ID), such as an Indian Status Card, driver's licence, death certificate or other. ID is required and photo ID is preferred. For more information on acceptable forms of ID, visit www.FNChildClaims.ca/identification.

Do not send any original documents – only copies (photocopy, scan or photo). Please ensure the Deceased Removed Child's name and date of birth on the ID match the name and date of birth provided in **Part 1** of this Claim Form.

Part 4: Privacy Release & Acknowledgement

Note from Administrator: Your privacy is important to us. We are committed to protecting the information you provide to us. Your information will only be used as required for the Claims Process, and will be shared as outlined here, to assist in processing your Claim. Your information will be handled and subsequently disposed of in accordance with the terms of the Settlement Agreement.

Representations by Representative on behalf of themselves and on behalf of the represented Deceased Removed Child:

By signing this Claim Form, I believe to the best of my knowledge that the Deceased Removed Child that I represent is a Class Member and meets the qualifications outlined in the Settlement Agreement. I acknowledge that I am authorized to represent this Class Member in accordance with the terms of the Settlement Agreement.

Privacy – for the purposes of processing this Claim Form or other related Claims under the Settlement:

I authorize the Administrator to disclose, if required in accordance with the Claims Process, information about me and/or this Claim to: Canada; Class Counsel; the Third-Party Assessor(s); the Settlement Implementation Committee; Claims Helpers; Child Welfare Authorities; and if applicable, for the purposes of resolving competing Claim(s), to any others claiming to be Representatives of the Deceased Removed Child. If applicable, the appointment of a Representative may be shared with others claiming to be a Representative of the Deceased Removed Child for the purposes of resolving any competing Claim(s).

I authorize Child Welfare Authorities, if required in accordance with the Claims Process, to disclose information about the Deceased Removed Child, including child welfare records and any time the Deceased Removed Child spent in care to: the Administrator; Canada; Class Counsel; the Third-Party Assessor(s); the Settlement Implementation Committee; and Claims Helpers. My authorization remains in place for the duration of the term of the Settlement Agreement and may be revoked only upon my written request to the Administrator.

I acknowledge that in certain limited circumstances, it may be required for the Administrator or Child Welfare Authorities to share information about this Claim with Caregiving Parents or Caregiving Grandparents who submit a Claim as part of the Removed Child Family Class Claims Process, and/or share information about this Claim, the personal information about the Deceased Removed Child and my personal information with other persons/Representatives who may submit a Claim with respect to this Deceased Removed Child, including their family members. I consent to the Deceased Removed Child's information being shared as described in this paragraph.

I acknowledge, understand and agree that:

1. The Administrator, Claims Helpers, or the Third-Party Assessor(s) may, as part of the Claims Process, contact me to obtain information.
2. The Administrator, Claims Helpers, or the Third-Party Assessor(s) **do not** represent Canada; **do not** act as an agent or legal counsel for any party; and **do not** offer legal advice.
3. All the information provided in this Claim Form is true to the best of my knowledge. Where someone (including Claims Helpers) helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form.
4. I may be asked for other releases to process this Claim and to access other records (e.g., child welfare records).

SIGN HERE

Your Signature (Representative named in **Part 2**)


 Month Day Year
 Date (date you signed this Form)

How to submit this Claim Form:

Online (Recommended): www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca

Fax: 416-815-2723

Mail:

Settlement Administrator

PO Box 2500 STN MAIN

Newmarket, ON L3Y 0H9

How to receive free help:

Claim Form Assistance: [1-833-852-0755](tel:1-833-852-0755)

Hope for Wellness: [1-855-242-3310](tel:1-855-242-3310)

NEXT STEP: You only have to complete Part 5 or Part 6.**Fill out Part 5 if:**

- **A Grant of Authority** is in place for the Deceased Removed Child (for example, a Will); **and**
- You are named as the Estate Executor or Administrator of the Estate.

Fill out Part 6 if:

- **NO Grant of Authority** is in place for the Deceased Removed Child; **and**
- You are an Heir – family member of the Deceased Removed Child (e.g., a spouse, or child, or brother/sister).

If you are not sure which one to pick, please call **1-833-852-0755** for free assistance.

Part 5: Grant of Authority is in place**What is a Grant of Authority?**

A '**Grant of Authority**' is a document that names the Estate Executor or Estate Administrator and is evidence that the Representative has the legal authority to receive compensation on behalf of the estate of the Eligible Deceased Class Member.

Examples of a Grant of Authority

Grant of Authority may include **one of the following** documents:

- Will (e.g., Notarial Will for Quebec), OR
- Grant of Probate issued by a Provincial or Territorial court order, OR
- Grant of Administration letter issued by the Government of Canada, such as:
 - Indigenous and Northern Affairs Canada (INAC), OR
 - Indigenous Services Canada (ISC), OR
 - Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)

Important Note: *If there is no Grant of Authority in place, you may still make a Claim if you are a family member of the Deceased Removed Child. Please fill out **Part 6 (Heirs)** instead.*

You must provide the following information with this Claim Form:

- 1. Grant of Authority Document** that shows your appointment as Representative (Executor or Administrator) of the Deceased Removed Child's estate. Please see "Examples of a Grant of Authority" on this page.
- 2. Deceased Removed Child's date of death**
Attach evidence that the Removed Child is deceased and their date of death. Examples may include: a death certificate, a funeral director's statement of death, or a burial certificate.
- 3. Government-issued ID of the Representative** (Not required for the Public Guardian and Trustee or Administrator for Property.)
Attach a photocopy, scan, or photo of your government identification (ID), such as an Indian Status Card, driver's licence or other. For more information on acceptable forms of ID, visit www.FNChildClaims.ca/identification. ID is required and photo ID is preferred. Please ensure your name on the ID matches the name you provided in **Part 2** of this Claim Form.

Please do not send any original documents – only copies (photocopy, scan or photo).

Note: Payments issued for the estate of an eligible Deceased Removed Child Class Member where a Grant of Authority is in place will be made payable to "the estate of" the name of the eligible Deceased Removed Child, and sent to the attention of the Representative, unless otherwise prescribed by the applicable Grant of Authority document.

How to submit this Claim Form:

Online (Recommended): www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca

Fax: 416-815-2723

Mail:

Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9

How to receive free help:

Claim Form Assistance: [1-833-852-0755](tel:1-833-852-0755)

Hope for Wellness: [1-855-242-3310](tel:1-855-242-3310)

Part 6: Heir – NO Grant of Authority in place

Please fill out Part 6 only if you are the **Representative** of the Deceased Removed Child and *there is no Grant of Authority in place*, but you are a family member who is an Heir of the Deceased Removed Child.

An Heir may be a spouse, child, grandchild, parent, sibling or grandparent of the Deceased Removed Child.

STEP 1: Required information about You – the Heir

1. Confirm there is No Grant of Authority.

Please check this box only if you believe to the best of your knowledge that no Grant of Authority is in place - the Deceased Removed Child did not have a Will, and no executor, administrator or trustee has been appointed by the court or by the Government of Canada.

2. Confirm your relationship to the Deceased Removed Child.

Please check the ONE box that indicates your relationship to the Deceased Removed Child and, if applicable, **list other living family members**.

First, identify your relationship to the Deceased Removed Child from the types of Heirs listed		Second, only if applicable, identify the number and name(s) of other living family members of the Deceased Removed Child	
Select one box:	How are you related to the Deceased Removed Child?	Provide the number of other living family members for each category (example: 02)	Provide the full name(s) of each living family member for each category (First Name, Last Name)
<input type="checkbox"/>	Spouse (legally married or common-law) at the time of Removed Child's death	<input type="text"/>	
<input type="checkbox"/>	Child (or Child's legal guardian)	<input type="text"/>	
<input type="checkbox"/>	Grandchild (or Grandchild's legal guardian)	<input type="text"/>	
<input type="checkbox"/>	Parent	<input type="text"/>	
<input type="checkbox"/>	Sibling (brother/sister)	<input type="text"/>	
<input type="checkbox"/>	Grandparent	<input type="text"/>	

How to submit this Claim Form:

Online (Recommended): www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca

Fax: 416-815-2723

Mail:

Settlement Administrator

PO Box 2500 STN MAIN

Newmarket, ON L3Y 0H9

How to receive free help:

Claim Form Assistance: [1-833-852-0755](tel:1-833-852-0755)

Hope for Wellness: [1-855-242-3310](tel:1-855-242-3310)

Part 6 (Continued): NO Grant of Authority in place, and you are an Heir

STEP 2: Required Documentation

1. Provide evidence of your relationship to the Deceased Removed Child:

- **If you are First Nations and have a biological relationship to the Deceased Removed Child**, please provide your Indian Registration Number and date of birth so we can attempt to confirm your relationship to the Deceased Removed Child.

Your Indian Registration Number (Recommended)

Your Date of Birth (Required)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

Important note: *If biological relationship cannot be confirmed, the Administrator will contact you and you will be required to provide documentation that supports your relationship.*

OR

- **If you are not First Nations or do not have a biological relationship to the Deceased Removed Child**, you will need to provide evidence of your relationship to the Deceased Removed Child from the following list of documents, as applicable:

- Long Form Birth Certificate(s) that names the biological parents and children
- Adoption Papers (verifiable provincial, territorial or custom Adoption)
- Marriage documents or evidence of Common-law relationship
- Other documents, please specify:

2. Deceased Removed Child's date of death

- Attach evidence that the Removed Child is deceased and their date of death. Examples may include: a death certificate, a funeral director's statement of death, or a burial certificate.

3. Government-issued ID of the Representative

- Attach a photocopy, scan or photo of your government identification (ID), such as an Indian Status Card, driver's licence or other. For more information on acceptable forms of ID, visit www.FNChildClaims.ca/identification. ID is required and photo ID is preferred. Please ensure your name on the ID matches the name you provided in [Part 2](#) of this Claim Form.

Please do not send any original documents – only copies (photocopy, scan or photo).

Note: Payments issued for an eligible Deceased Removed Child Class Member, where no Grant of Authority is in place, will be made payable in the name of the approved and eligible highest priority living Heir family member(s). Payments will be made on a pro rata basis (split equally among highest priority living Heirs).

How to submit this Claim Form:

Online (Recommended): www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca

Fax: 416-815-2723

Mail:

Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9

How to receive free help:

Claim Form Assistance: [1-833-852-0755](tel:1-833-852-0755)

Hope for Wellness: [1-855-242-3310](tel:1-855-242-3310)