

This Claim Form is for a:



Representative of a Deceased Caregiving Parent or Caregiving Grandparent of a Removed Child



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

A **Representative** is an individual who is legally appointed to represent the **Estate** of the Deceased Caregiving Parent or Caregiving Grandparent **OR** a living **Heir** of the Deceased Caregiving Parent or Caregiving Grandparent (see **Part 5**).

A Deceased Caregiving Parent or Caregiving Grandparent of a Removed Child is a:

1. Biological or adoptive Parent; or
2. Biological or adoptive Grandparent; or
3. Stepparent who is First Nations;

who died on or after April 1, 1991.

Important eligibility requirements

Deceased Caregiving Parent or Caregiving Grandparent:

- must have lived with, assumed and exercised parental responsibilities over the Removed Child at the time of removal of the Removed Child;
- was the one from whom the Removed Child was **first removed**;
- must not be a Foster parent;
- must not have committed Abuse, as defined under the Settlement Agreement, that led to the removal of the Child.

A 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.

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 Deceased Caregiving Parent or Caregiving Grandparent died after **March 10, 2025** while under the **Age of Majority**, the deadline to submit this Claim Form is 3 years from their 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 Caregiving Parent or Caregiving Grandparent

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** Caregiving Parent or Caregiving Grandparent who is a Person Under Disability, fill out **Form C - Removed Child Family Class Claim Form** instead of this one.

Name (Required) Legal name that matches the deceased Caregiving Parent's or Caregiving Grandparent's identification

First	Middle (If available)	Last

Name at Birth (If applicable) Only if different from legal name (e.g., maiden name)

First	Middle (If available)	Last

Date of Birth (Required)

	-		-				
Month		Day		Year			

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

Indian Registration Number (Recommended)

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

Social Insurance Number (SIN) (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 Caregiving Parent or Caregiving Grandparent

Attach a photocopy, scan or photo of the Deceased Caregiving Parent's or Caregiving Grandparent'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 Caregiving Parent's or Caregiving Grandparent'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 Caregiving Parent or Caregiving Grandparent:

By signing this Claim Form, I believe to the best of my knowledge that the Deceased Caregiving Parent or Caregiving Grandparent 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 the Caregiving Parent or Caregiving Grandparent of the Removed Child or Children identified in this Claim Form or the Representative of the Deceased Caregiving Parent or Caregiving Grandparent. If applicable, the appointment of a Representative may be shared with others claiming to be a Representative of the Deceased Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent or Caregiving Grandparent, including child welfare records and any time a Removed Child identified in this Claim Form 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 Caregiving Parent or Caregiving Grandparent, and my personal information with other persons/Representatives who may submit a Claim with respect to the Removed Child or Children identified in this Claim Form, including their family members. I consent to the Deceased Caregiving Parent's or Caregiving Grandparent's, and the identified Removed Child or Children'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, child abuse registries).

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)

Part 5: Representative Form

There are two types of Deceased Caregiving Parents or Caregiving Grandparents who may be eligible for compensation:

- a) Those who had already submitted a Claim Form prior to death; or
- b) Those who had a Removed Child placed off-Reserve with non-Family any time between January 1, 2006, and March 31, 2022.

Representative of the Deceased Caregiving Parent or Caregiving Grandparent

A Representative of the Deceased Caregiving Parent or Caregiving Grandparent must be legally appointed by a **Grant of Authority** (Estate Executor or Administrator), **OR** must be an **Heir** of the Deceased Caregiving Parent or Caregiving Grandparent, including children or grandchildren, as defined under the Settlement Agreement.

You must provide the following information with this Claim Form

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

1. 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.

2. Deceased Caregiving Parent's or Caregiving Grandparent's date of death

Attach evidence that the Caregiving Parent or Caregiving Grandparent 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. Is a Grant of Authority in place for the Estate? Check **one** box

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

YES: If you checked this box, please **attach** the **Grant of Authority Document** that shows your appointment as Representative (Executor or Administrator) of the Deceased Caregiving Parent's or Caregiving Grandparent's estate.

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 represent the estate of the Caregiving Parent or Caregiving Grandparent.

It 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).

4. Are you a family member ('Heir') of the Deceased Caregiving Parent or Caregiving Grandparent?

YES – If you check this box, please also continue to **item 5** on the next page, and then complete **Part 6**.

NO – If you check this box, please describe your relationship and you do not need to complete item 5 on the next page. You may continue straight to **Part 6**.

Describe your relationship:

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 5 (Continued): Representative Form

5. Confirm your relationship to the Deceased Caregiving Parent or Caregiving Grandparent

Reminder, if you are not a family member (Heir), do not complete this section

A. Please check the ONE box that indicates your relationship to the Deceased Caregiving Parent or Caregiving Grandparent and if applicable, **list other living family members**.

First, identify your relationship to the Deceased Caregiving Parent or Caregiving Grandparent from the types of Heirs listed		Second, only if applicable, identify the number and name(s) of other living family members of the Deceased Caregiving Parent or Caregiving Grandparent	
Select one box:	How are you related to the Deceased Caregiving Parent or Caregiving Grandparent?	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 Caregiving Parent's or Caregiving Grandparent's death	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<input type="checkbox"/>	Child (or Child's legal guardian)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<input type="checkbox"/>	Grandchild (or Grandchild's legal guardian)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<input type="checkbox"/>	Parent	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<input type="checkbox"/>	Sibling (brother/sister)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<input type="checkbox"/>	Grandparent	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

B. Provide evidence of your relationship to the Deceased Caregiving Parent or Caregiving Grandparent

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

Your Indian Registration Number (Recommended)

Your Date of Birth (Required)

<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" 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**, you will need to provide evidence of your relationship to the Deceased Caregiving Parent or Caregiving Grandparent 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:

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: Information about each Removed Child's placement

Important: Please complete Part 6 for **each** Removed Child. **If more than two Children were removed, please add extra page(s).**

Removed Child #1 – Information about first Removed Child

The Deceased Caregiving Parent or Caregiving Grandparent is Parent Grandparent First Nations Stepparent
 this Child's (Select only one):

Name of Child at time of Removal (Required)

First Middle (if available) Last

Date of Birth of Child (Required)

- -
 Month Day Year

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

Indian Registration Number of Child (Recommended)

Social Insurance Number (SIN) of Child (Optional)

- -

Information about this Child's First Removal

1. When was this Child Removed?

-
 Month Year

2. Where was this Child taken to when they were placed in care? Select one box:

ON Reserve OR OFF Reserve

3. Was this Child placed in care with a parent, stepparent, grandparent, adult sibling, aunt, uncle or adult first cousin? Select one box:

Yes OR No

Evidence of Deceased Caregiving Parent's or Caregiving Grandparent's Relationship to this Removed Child

Please select Option A OR Option B, and provide the following:

OPTION A – First Nations & Biological

If the Deceased Caregiving Parent or Caregiving Grandparent is **First Nations and the biological parent or grandparent of Removed Child #1:**

- You do not need to submit additional supporting documentation with this Claim Form at this time.
- The Administrator will attempt to confirm the relationship OR contact you for supporting documentation.

OR

OPTION B – All other types

If the Deceased Caregiving Parent or Caregiving Grandparent is **NOT** the First Nations biological parent or biological grandparent of Removed Child #1:

- Please attach a copy of one or more of the following documents, as applicable:

- Long Form Birth Certificate of Removed Child (that names the biological parents)
- Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption)
- Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only)
- Other documents, please specify:

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
Hope for Wellness: 1-855-242-3310

Part 6: Information about each Removed Child's placement

Important: Please complete Part 6 for **each** Removed Child. **If more than two Children were removed, please add extra page(s).**

Removed Child #2 - Information about second Removed Child

The Deceased Caregiving Parent or Caregiving Grandparent is Parent Grandparent First Nations Stepparent
 this Child's (Select only one):

Name of Child at time of Removal (Required)

First Middle (if available) Last

Date of Birth of Child (Required)

- -
 Month Day Year

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

Indian Registration Number of Child (Recommended)

Social Insurance Number (SIN) of Child (Optional)

- -

Information about this Child's First Removal

1. When was this Child Removed?

-
 Month Year

2. Where was this Child taken to when they were placed in care? Select one box:

ON Reserve OR OFF Reserve

3. Was this Child placed in care with a parent, stepparent, grandparent, adult sibling, aunt, uncle or adult first cousin? Select one box:

Yes OR No

Evidence of Deceased Caregiving Parent's or Caregiving Grandparent's Relationship to this Removed Child

Please select Option A OR Option B, and provide the following:

OPTION A - First Nations & Biological	OPTION B - All other types
<p>If the Deceased Caregiving Parent or Caregiving Grandparent is First Nations and the biological parent or grandparent of Removed Child #2:</p> <ul style="list-style-type: none"> You do not need to submit additional supporting documentation with this Claim Form at this time. The Administrator will attempt to confirm the relationship OR contact you for supporting documentation. 	<p>If the Deceased Caregiving Parent or Caregiving Grandparent is NOT the First Nations biological parent or biological grandparent of Removed Child #2:</p> <ul style="list-style-type: none"> Please attach a copy of one or more of the following documents, as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Long Form Birth Certificate of Removed Child (that names the biological parents) <input type="checkbox"/> Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption) <input type="checkbox"/> Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only) <input type="checkbox"/> Other documents, please specify: <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
Hope for Wellness: 1-855-242-3310