

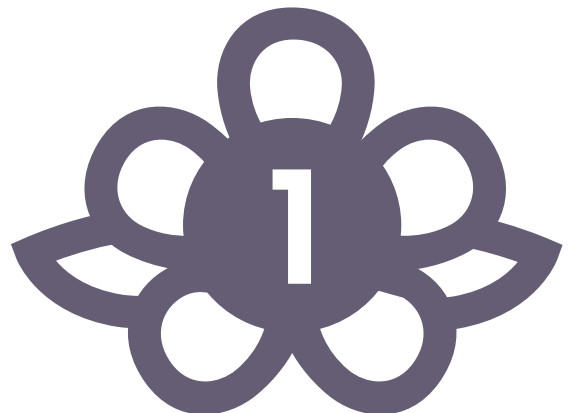


First Nations Child  
and Family Services  
and Jordan's Principle  
Settlement

# COMPANION GUIDE TO FORM B

## The Deceased Removed Child Class Claim Form

This Claim Form is for a  
**Representative** of a  
Deceased Removed Child



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# 1. INTRODUCTION

## Purpose of this Guide

This Guide is intended to help Representatives of a Removed Child who has died to complete and send in Claim Form B for the **First Nations Child and Family Services and Jordan's Principle Settlement**.

This Guide explains each section of the Form and the information you need to provide. It also defines some important terms (words and phrases) and topics from the Claim Form. The Guide gives tips on:

- Where to find the information you need
- How to fill in a Claim Form for someone who has passed away
- The documents you need to send in with the Claim Form
- Deadline for sending in the Claim Form
- Where to get help

**Before you get started, think about how you would like to fill in and submit this Claim Form.**

There are a few options:

- Use the online **Claims Portal** at [Portal.FNChildClaims.ca](https://Portal.FNChildClaims.ca). All information can be completed online, and you can also check the status of your Claim any time by logging into your portal account.
- Fill in the **electronic** version of the Claim Form on your tablet or computer and send it by email to [Claims@Admin.FNChildClaims.ca](mailto:Claims@Admin.FNChildClaims.ca). The Form can be downloaded from [FNChildClaims.ca](https://FNChildClaims.ca).
- **Print Claim Form B**. If you're not online, you can get a hard copy of the Claim Form mailed to you by calling the Administrator's Contact Centre toll-free at 1-833-852-0755.

Fill in the Claim Form by hand, and choose **one way** to send it to the Administrator:

- Take a picture or a scan, and email to [Claims@Admin.FNChildClaims.ca](mailto:Claims@Admin.FNChildClaims.ca), or
- Fax to 1-416-815-2723, or
- Mail to:  
Settlement Administrator  
PO Box 2500 STN MAIN  
Newmarket, ON L3Y 0H9

Full details on the options for completing and sending in the Claim Form are in [section 10](#) of this Guide.

**TIP:** Please fill in the entire Claim Form before you send it to the Administrator. Sign it, date it, and attach copies of your documents. Sending in an incomplete Claim Form will delay any compensation you may be eligible for and could result in your Claim being denied.

## 2. IS FORM B RIGHT FOR ME?

### Do I have the right Claim Form?

- Are you representing a Deceased Removed Child who is a First Nations Person?
- Was the Child under the Age of Majority in their province/territory when they were removed?
- Were they removed from their home by Child Welfare Authorities or voluntarily placed into care between April 1, 1991, and March 31, 2022?
- Was the Child or at least one of their Caregiving Parents or Caregiving Grandparents Ordinarily Resident on Reserve or in the Yukon when the Child was removed?
- Did this Removed Child pass away on or after April 1, 1991?

If you answered **YES** to all these questions, Form B is for you.

If you are a living Removed Child or the Personal Representative of a Removed Child who is a Person Under Disability, you must use **Form A – the Removed Child Class Claim Form** instead.

## 3. KEY DEFINITIONS

**Representative:** A person who is taking care of legal and financial matters for someone who has passed away. There are two types of Representatives for a deceased person:

1. Someone who has been legally appointed to manage the deceased person's estate, like an executor, an estate administrator, or a trustee; or
2. If the person died without leaving a will or choosing an executor, a Representative can be a member of the deceased person's family (only certain family members may qualify).

**Deceased Removed Child:** A First Nations Person who died on or after April 1, 1991, and was removed from their home as a Child and taken into care by Child Welfare Authorities between April 1, 1991, and March 31, 2022. The Removed Child or their Caregiving Parent or Caregiving Grandparent must have been living (Ordinarily Resident) on a First Nations Reserve in Canada or anywhere in the Yukon when the Child was removed from the home. In addition, the removal had to be funded by Indigenous Services Canada (ISC).

**First Nations Person:** For this Settlement, a First Nations Person is someone who is registered under the *Indian Act* or entitled to be registered under the *Indian Act* or met Band membership requirements under the *Indian Act* on or before February 11, 2022. If you are not sure whether this definition applies to the Removed Child or the person you represent, call the Administrator's Contact Centre toll-free at 1-833-852-0755.

**Eligible/Eligibility:** To be eligible or have eligibility means a Claimant is qualified or approved to be a Class Member and receive compensation in this Settlement. This means the details of how, where, and when the Child was removed from home need to match the requirements (rules) set out in the Settlement Agreement.

**Claimant:** A Claimant is someone who makes a Claim by submitting a Claim Form to the Administrator, or someone who has a representative make a Claim on their behalf. The person remains a Claimant until the Administrator confirms them to be an eligible Class Member (if they meet the requirements of their Class).

**Class Member:** In a class action settlement, a “Class” is a group of people who have had similar experiences and may be entitled to compensation for the harm done to them. When the Administrator confirms that a Claimant meets the requirements for this Settlement, they become an eligible Class Member. This Settlement has nine (9) different Classes, each with different requirements to be considered a Class Member.

**Removed Child Family Class Member:** This Class includes the parents, grandparents, and siblings (brothers and sisters) of a Removed Child. Direct compensation is available only for eligible Caregiving Parents and Caregiving Grandparents of Removed Child Class Members. There is no direct compensation for the siblings of a Removed Child. Please note, if the Child was removed because the Caregiving Parent or Caregiving Grandparent committed Abuse (as defined in the Settlement), they will not be approved for compensation as the Caregiving Parent or Caregiving Grandparent of this Removed Child.

**Caregiving Parent or Caregiving Grandparent:** For this Settlement, a Caregiving Parent or Caregiving Grandparent is a person who lived with and was responsible for a Removed Child Class Member. The Caregiving Parent or Caregiving Grandparent must have lived with the Child the first time they were removed from home by Child Welfare Authorities and includes the biological or adoptive parents, biological or adoptive grandparents, or First Nations Stepparents.

**Stepparent:** A Stepparent can be a Caregiving Parent if they are First Nations and a spouse of the biological Caregiving Parent. They must have lived with the biological Caregiving Parent of the Removed Child and contributed to the Child’s support for at least three years before the Child was removed from home by Child Welfare Authorities.

**Foster parents:** Foster parents are not eligible for compensation as the Caregiving Parents or Caregiving Grandparents of a Removed Child under this Settlement.

**Abuse:** The Settlement Agreement defines Abuse as sexual abuse (including sexual assault, sexual harassment, sexual exploitation, sex trafficking, and child pornography) or serious physical abuse causing bodily injury. A Caregiving Parent or Caregiving Grandparent whose Child was removed because they abused the Child is not eligible for compensation under this Settlement for this Child.

Under this Settlement, “Abuse” does not include neglect (ignoring the child’s needs) or emotional maltreatment (criticizing, threatening or making the child feel unwanted).

**Ordinarily Resident:** A Claimant is considered Ordinarily Resident on Reserve if they are a First Nations individual who:

- Lived on a First Nations Reserve in Canada for at least half the year and doesn't have another primary home elsewhere; or
- Lived off Reserve temporarily for school or training (with funding support from a federal, band, or Aboriginal organization) and, when not at school or working at a temporary job for training, went back to the reserve to live in their residence or with family members; or
- Lived off Reserve to get necessary care or services that were not available on Reserve but would have lived on Reserve if the care or services were available there.

**Launch Date:** March 10, 2025, is the Launch Date for the Removed Child Class and Removed Child Family Class (including Deceased Class Members). As of that date, individuals in those Classes who have reached the Age of Majority, or their representatives, could begin submitting their Claim Forms to the Administrator. Please note that a Representative can submit a Claim for the Deceased Removed Child no matter how old the Child was at the time they died, as long as they meet the requirements of the Removed Child Class.

**Age of Majority:** This is the age when a Claimant is legally considered an adult under the law of the province or territory where they live. Age of Majority is:

- 18 in Alberta, Manitoba, Ontario, Prince Edward Island, Quebec and Saskatchewan
- 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut and the Yukon

Age of Majority is important under this Settlement because it has an impact on when a Claimant can submit a Claim Form, when their Claims Deadline is, and when they can receive compensation (if they are eligible).

- A Claim can be submitted up to two years before Claimant reaches the Age of Majority.
- Compensation may only be issued after Claimant reaches the Age of Majority.
- The Claims Deadline for Claimants who reach the Age of Majority after March 10, 2025, is three years from the date when they reached Age of Majority.
- For Deceased Claimants who passed away after March 10, 2025, while under the Age of Majority, their Claims Deadline is three years from their date of death.
- If a Deceased Claimant passed away before March 10, 2025, their age does not impact when their Claim can be submitted or their Claims Deadline. Their Representative must submit a Claim any time between March 10, 2025, and March 10, 2028.

**Claims Period:** The Claims Period is the three-year period when Claim Forms may be submitted to the Administrator. The beginning of the Claims Period will vary for Claimants depending on their age on Launch Date but will start no earlier than the Launch Date. The Claims Period expires (ends) on the Claims Deadline.

**Class Period:** For the Removed Child and Removed Child Family Classes, April 1, 1991, to March 31, 2022, is the Class Period. A Child who was removed during this timeframe (and meets all of the other Removed Child requirements and rules) may qualify as a Removed Child Class Member.

**Claims Deadline – Deceased Removed Child Class:** For Representatives of Removed Children who have died, the Claims Deadline is **March 10, 2028**. If the Removed Child passed away after March 10, 2025, while under the Age of Majority, their Claims Deadline is three years after their date of death.

**Deadline Extension:** Representatives can ask for a Claims Deadline extension of up to 12 months if they were not able to send in the Claim Form by the Claims Deadline because of certain personal circumstances. For example; if they were ill, if there was a flood or other natural disaster in their community, if they were in jail, or if there was another emergency. The *Request for Deadline Extension Form: Deceased Removed Child Class* will be available at [FNChildClaims.ca](https://fnchildclaims.ca) or from the Administrator’s Contact Centre before the March 10, 2028, deadline. This extension must be approved by the Administrator.

**Administrator:** The Administrator is appointed by the Court to carry out the terms of the Settlement Agreement. The Administrator receives and processes Claims, and provides support to Claimants during the administration in accordance with the Settlement Agreement.

## Now, on to the Claim Form!

**The first page of the Claim Form has information about the requirements and rules to qualify as a Deceased Removed Child Class Member, along with information on where to get help, and the Claims Deadline. We’ll start at Page 2 where you begin to fill in the information the Administrator needs to process this Claim.**

# 4. FILLING OUT FORM B-PART 1

## Part 1: Details about the Deceased Removed Child

This section of the Claim Form is where you fill in all the information you have that can help the Administrator confirm the identity of the Deceased Removed Child Claimant.

### Name of the Deceased Removed Child

<b>Name of Deceased Removed Child (Required)</b> <i>Legal name that matches the Removed Child's identification</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (if available)	Last
<b>Name at Birth of Deceased Removed Child (if applicable)</b> <i>Only if different from legal name (e.g., maiden name)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (if available)	Last

**Legal Name:** The name on the deceased person's identification. This must be identification issued by the provincial, territorial, or federal government (e.g., Certificate of Indian Status Card). This information is required. Please don't leave this section blank.

**Name at Birth:** The name the Deceased Removed Child was given when they were born. It may be a different name now because of adoption, marriage or for other reasons. Knowing their birth name can help the Administrator find the records for the right person. If the Deceased Removed Child's name didn't change after birth, or if you don't know what it was at birth, you can leave this section blank.

### Date of Birth for the Deceased Removed Child

<b>Date of Birth of Deceased Removed Child (Required)</b>					
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year		

**Month, Day, Year:** Fill in the month, day, and year the Claimant was born, in that order. **Use only numbers** when filling in dates on this Claim Form. Make sure to check that the date of birth you fill in here matches the date of birth on the Deceased Removed Child's identification. This information is required. Please don't leave this section blank.

**TIP:** Any time you fill in a date on this Claim Form, it should be in number format. For example, if the deceased person was born on August 17, 1986, you would fill in the date as:

08 - 17 - 1986  
Month Day Year

01-January	04-April	07-July	10-October
02-February	05-May	08-August	11-November
03-March	06-June	09-September	12-December



## Helpful Information about the Deceased Person

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

Indian Registration Number of Deceased Removed Child (Recommended)

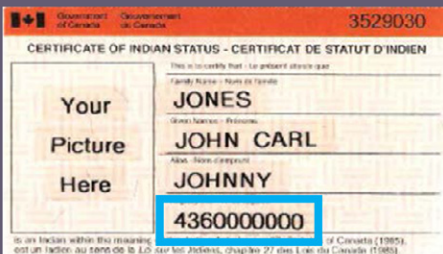
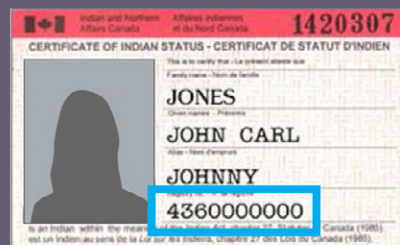
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Insurance Number (SIN) of Deceased Removed Child

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

**Indian Registration Number:** This number is on the front of the Deceased Removed Child's Certificate of Indian Status (CIS) card (also called a "status card" or Secure Certificate of Indian Status card). There are different types of status cards issued by the Canadian government. Any of these will be accepted. If you do not have this number, you can leave this section blank.

**TIP:** Here are some examples showing where to find the Indian Registration Number on different types of status cards. Look for the number in a **blue box** in the examples below.



**Social Insurance Number (SIN):** This nine-digit number was on the front of Social Insurance cards (they were phased out starting in 2014). If you don't have the deceased person's original SIN card, you may be able to find their SIN number on the deceased person's employment records, tax slips/records, or other documents. Representatives can apply to get confirmation of a deceased person's SIN here:

[canada.ca/en/employment-social-development/services/sin/apply.html](https://canada.ca/en/employment-social-development/services/sin/apply.html).

If you are not able to find this number, you can leave this section blank.

# 5. FILLING OUT FORM B – PART 2

## Part 2: Your Contact Information – Representative

As the Representative of a Deceased Removed Child, you must give the Administrator a way to get in touch with you in case they have questions about the Claim. If your contact information changes after you send in the Claim Form, please contact the Administrator to update your address, phone number, email address, or other details. If the Administrator does not have your current information on file, the Administrator might not be able to reach you to send out a compensation payment.

### Your Name and Organization

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (if available)	Last

**Your Organization (If applicable)**

<input type="text"/>
----------------------

**Current Legal Name:** The name on your driver’s licence, CIS card, or other identification (ID) issued by the provincial, territorial, or federal government. You will be asked to provide a copy of your identification with this Claim Form. The legal name you list here must match the name on the identification you provide to the Administrator. This information is required. Please don’t leave this section blank.

**Your Organization:** If representing this deceased person is part of your job, please fill in the name of the organization you work for in this space (e.g., Public Guardian and Trustee). If you are filling in this Claim Form because you are a friend or a family member who is the legally appointed Representative for the Estate or an heir of the deceased person, leave this space blank.

### Mailing Address

**Mailing Address (Required)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number	Street name	Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
PO Box number (if applicable)	City / Town / Community	Postal Code
<input type="text"/>	<input type="text"/>	
Province / Territory	Country	

**Your Mailing Address:** An address where you can get your mail. The Administrator will use this address to send you letters to ask for additional information, letters about eligibility, and (if you’re not using direct deposit) the compensation cheque. This information is required. Please don’t leave this section blank.

**TIP:**

- If your address is General Delivery, write that in the box for “Street name.”
- If you have a PO Box, be sure to include it in the space provided. Your street address alone may not be enough.

**Telephone Numbers and Email Address**

Telephone # - Mobile (If available)	Telephone # - Home/Office (If available)	Ext. # (If available)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (If available)		
<input type="text"/>		

**Telephone # Mobile/Home/Office:** The Administrator may need to call you if they need more information or need to confirm information. Please include both types of phone numbers if you have a cell phone and a landline. You can also include an extension if you have one. If you don't have a phone number, you can leave this section blank.

**Email Address:** Having your email address on file will help the Administrator get in touch with you if they can't reach you by phone or if letters get returned in the mail. If you send an email to the Administrator, they can check their records to make sure the email is from the address you put on your Claim Form and not from someone else. If you include your email address, please make sure you double-check the spelling. If you don't have an email address, you can leave this section blank.

**Temporary Living Situations**

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.

**Facilities, public places, friends, and family:** If your mail is currently going to a place that isn't your permanent home, include the details here. If this is not applicable to your living situation, you can leave this section blank.

**TIP:** It may take several months for the Administrator to reach out to you with a letter or a phone call, or by email. If you move around a lot, it's important to make sure the Administrator has a way to get in touch with you. Use an address where you can reliably get your mail and have an email address that you can access from wherever you are.

## 6. FILLING OUT FORM B – PART 3

### Part 3: Government Identification of Deceased Removed Child

The Administrator will need a copy of the deceased person's identification (ID) to confirm their identity.



**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 [FNChildClaims.ca/identification](https://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.

**Government-issued identification:** You must include a copy of the deceased person's government-issued ID with the Claim Form. Check to make sure that the information on the ID is the same as the information you provided in Part 1 of the Claim Form. The Administrator will accept most forms of ID issued by:

- First Nations governments (like a Certificate of Tribal Membership)
- Provincial/territorial governments (like a driver's licence)
- Federal government (like a Certificate of Indian Status card or passport)
- Identification issued by foreign governments (like a U.S. State Identification card)

A list of acceptable forms of ID can be found at [FNChildClaims.ca/identification](https://FNChildClaims.ca/identification), or you can call the Administrator's Contact Centre toll-free at 1-833-852-0755.

Remember, this document is required and must be provided with the Claim Form.

**TIP:** To complete this Claim Form, you need to include a copy of the deceased person's death certificate or other proof that they passed away (see [Part 5](#) or [Part 6](#)). The same document can be used as the Claimant's government-issued ID for this part of the Claim Form.

# 7. FILLING OUT FORM B – PART 4

## Part 4: Privacy Release and Acknowledgement

This part of the Claim Form is an agreement between you and the Administrator. When you sign at the bottom of the page, you are confirming that you understand this agreement and give the Administrator your permission to use the information you provide to process this Claim.

**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.

**Note from Administrator:** The Administrator is committed to keeping the information on the Claim Form and any supporting documentation safe. They will only share it with the people and groups who may need it to help process the Claim. These people and groups are described in this part of the Claim Form. For information on how your information is kept safe, visit [FNChildClaims.ca/privacy-policy/](https://FNChildClaims.ca/privacy-policy/).

**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.

**Representations by Representative:** You confirm that you believe that the deceased person you represent is a Class Member and that you are allowed to represent this Class Member based on the requirements in the Settlement Agreement.

**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 the Administrator to disclose:** You agree that, if necessary, the Administrator can share information about you, this Claim Form, and the deceased person you represent with:

- Canada
- Class Counsel (the lawyers who represent the Plaintiffs)
- Third-Party Assessor(s) (independent reviewers for appeals)
- The Settlement Implementation Committee (a court-appointed committee that includes First Nations and Class Counsel representatives and oversees the administration of this Settlement)
- Claims Helpers (members of the administration team whose role is to help Claimants and Representatives fill out Claim Forms)

- Child Welfare Authorities
- Other people who submit a Claim as a Representative for this deceased person so that any competing Claims can be resolved

**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 authorize Child Welfare Authorities:** You agree that, if necessary, Child Welfare Authorities can share with the people and groups in the following list, information about the deceased person you represent, including child welfare records and any time they spent in care:

- The Administrator
- Canada
- Class Counsel
- Third-Party Assessor(s)
- The Settlement Implementation Committee
- Claims Helpers

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 that in certain limited circumstances:** You understand that there may be individuals submitting Claims as part of the Removed Child Family Class claiming to be the Caregiving Parents or Caregiving Grandparents of this Removed Child. There may also be someone else submitting a Claim Form saying they are the Representative for this Deceased Removed Child. If this happens, you agree that the Administrator or Child Welfare Authorities may have to share information about you and the deceased person you represent with these other Claimants, their family members, and/or their representatives.

**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).

**I acknowledge, understand and agree that:** In this section, you confirm that you understand four key points.

1. You agree to be contacted for more information.
2. You understand that the Administrator, Claims Helpers, and Third-Party Assessor(s) do not give legal advice and are not acting for or representing Canada or any other group.
3. You confirm that to the best of your knowledge the information in the Claim Form is true, whether you filled it out yourself or had someone help you.
4. You understand you may be asked to give the Administrator permission to get more information and records from other organizations to process this Claim.

<b>SIGN HERE</b>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Your Signature (Representative named in <a href="#">Part 2</a> )	Date (date you signed this Form)

**Sign Here:** You must sign your name and include the date when you signed the Claim Form. This is required. Please do not leave this section blank.

If you're filling out a paper Claim Form, write your signature in the "Your Signature" box. If you're using the fillable PDF Claim Form, you can fill in the "Your Signature" box by:

- Typing your name
- Inserting a picture of your signature
- Using the E-Sign option in Adobe Acrobat or another application like DocuSign

**TIP:** Any time you fill in a date on this Claim Form, it should be in number format. For example, if today's date is March 11, 2025, you would fill in the date as:

03 - 11 - 2025  
Month Day Year

01-January	04-April	07-July	10-October
02-February	05-May	08-August	11-November
03-March	06-June	09-September	12-December

**TIP:** Signature and Date are required. Your Claim cannot be processed if you don't sign and date your Claim Form.


# 8. FILLING OUT FORM B – PART 5

## Part 5: Grant of Authority is in place

This part of the Claim Form is where you show that you are entitled to be the Representative for this deceased person. You only have to fill in Part 5 if you have been legally appointed as a Representative in a Grant of Authority document.

### Information and Documents to send in with this Claim Form


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.

**A Grant of Authority** is a legal document that names the person who has been appointed as the executor, administrator, or trustee for the deceased person's estate. Examples of Grants of Authority documents include:

- The deceased person's will
- An order from the probate court
- A Grant of Administration letter from the Government of Canada

If the person died without leaving a will or choosing an executor (meaning there is no Grant of Authority in place), certain member(s) of their family can be their Representative. If this is the case, see Part 6.

-  **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.

**Deceased Removed Child's date of death:** You must provide a copy of the deceased person's death certificate or another document that proves they have passed away and states the date it occurred. This will help the Administrator check the Claimant's identity and confirm that this is the right Claim Form for this Claimant. This document is required and must be provided with the Claim Form.





**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 [FNChildClaims.ca/identification](https://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.

**Government-issued ID of the Representative:** You must include a copy of **your** government-issued ID with the Claim Form. This will help the Administrator confirm your identity.

Check to make sure that the full name on the ID is the same as the full name you provided in Part 2 of the Claim Form. The Administrator will accept most forms of ID issued by:

- First Nations governments (like a Certificate of Tribal Membership)
- Provincial/territorial governments (like a driver's licence)
- Federal government (like a Certificate of Indian Status card)
- Identification issued by foreign governments (like a U.S. State Identification card)

A list of acceptable forms of ID can be found at [FNChildClaims.ca/identification](https://fnchildclaims.ca/identification), or you can call the Administrator's Contact Centre toll-free at 1-833-852-0755 for more information and advice on getting ID.

Remember, this document is required and must be provided with the Claim Form.

**TIP:** If you don't have any government-issued ID, you may be able to get a photo ID card from your provincial or territorial government with a Guarantor Declaration. This is a document signed by a Band Councillor or Chief, a doctor, lawyer, police officer, or other registered/certified professional saying that they know you and can confirm your name, date of birth, and other key information. Contact your provincial or territorial government to find out how to apply for a photo ID card. If you need advice about getting ID, please call the Administrator's Contact Centre toll-free at 1-833-852-0755.

## 9. FILLING OUT FORM B – PART 6

### Part 6: Heir - NO Grant of Authority is in place

This is the longest part of the Claim Form. You will see that Part 6 starts on Page 5 of the Claim Form and continues on Page 6. For this part of the Claim Form you need to confirm that the deceased person did not leave a will or other Grant of Authority document, and you explain how you are related to the deceased person.

#### Information and Documents to send in with this Claim Form

##### 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.

**Confirm that there is no Grant of Authority:** Under the Settlement Agreement, the Administrator can only issue payment to the heir of a Deceased Removed Child if the deceased person passed away without someone being appointed to look after their estate. By checking the box in this section, you are confirming that you believe there is no will, order from probate court, or Grant of Administration from the Government of Canada. You are also confirming that there is no executor, administrator, or trustee for the Deceased Removed Child's estate.

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

First, identify <b>your</b> relationship to the Deceased Removed Child from the types of Heirs listed		Second, <b>only if applicable</b> , identify the <b>number</b> and <b>name(s)</b> of <b>other</b> living family members of the Deceased Removed Child	
Select one box:	How are you related to the Deceased Removed Child?	Provide the <b>number</b> of other living family members for each category (example: 02)	Provide the <b>full name(s)</b> of each living family member for each category (First Name, Last Name)
Column 1	Column 2	Column 3	Column 4

**Please check the ONE box:** Column 2 of this table lists the types of family members that can be heirs to a deceased person. Put a mark in the box to the left of the line (Column 1) that best describes how you are related to the deceased person.

In Column 3 of this table, you list the number of each type of the deceased person's **other** living relatives (**not** including yourself). Fill in the names of each relative in the space to the right of the number (Column 4).

In the example below, the deceased person had three living children, four living siblings, and two living parents. The mother is filling out the Claim Form. She would put a mark in the box to the left of "Parent" in **Column 1** to show that she is the deceased person's mother. She would write "01" in **Column 3** to show that there is another living parent and write the father's name in **Column 4**. She also adds the names of the three living children (along with the number 03) and the four living brothers/sisters (along with the number 04) to complete the listing of other living family members of this Deceased Removed Child.

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)	03	Farrell George, Crystal-Starr George, Tatum George
<input type="checkbox"/>	Grandchild (or Grandchild's legal guardian)	<input type="text"/>	
<input checked="" type="checkbox"/>	Parent	01	David Jerome George
<input type="checkbox"/>	Sibling (brother/sister)	04	Ann Howard, Sue Bull-LeFev, Jay Bull, Joe Bull
<input type="checkbox"/>	Grandparent	<input type="text"/>	

## 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)

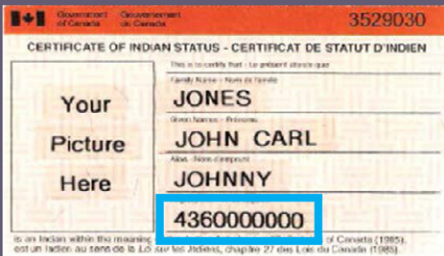
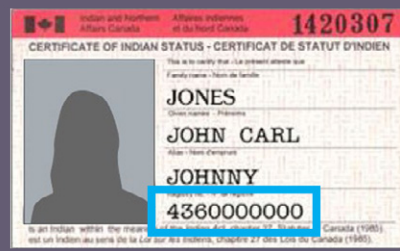
Your Date of Birth (Required)

 -  -   
 Month Day Year

**Provide evidence of your relationship:** In this section of the Claim Form, you need to show proof that you are related to the deceased person.

The Administrator needs to know if you are a First Nations Person who is a blood relative of the deceased person. With the Registration Number from your status card and your date of birth, the Administrator can search available records to confirm how you are related to the deceased person. The Administrator will contact you if they are unable to find these records and will ask for documentation that would show your relationship.

**TIP:** Here are some examples showing where to find the Indian Registration Number on different types of status cards. Look for the number in a **blue box** in the examples below.



**TIP:** Any time you fill in a date on this Claim Form, it should be in number format. For example, if your date of birth is November 21, 1966, you would fill in the date as:

11 - 21 - 1966  
Month Day Year

01-January	04-April	07-July	10-October
02-February	05-May	08-August	11-November
03-March	06-June	09-September	12-December


• **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:

**If you are not First Nations or not related:** Family members of the deceased person who are not First Nations or not related to them by blood need to send the Administrator a legal document that shows how they are related.


For example, if you were married to the deceased person, you would provide a copy of your official marriage certificate. If you are the child of the deceased person, you would provide a copy of your long form birth certificate that names your biological parents. If you are not sure what documents to send, call the Administrator's Contact Centre toll-free at 1-833-852-0755.

## 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.

**Deceased Removed Child's date of death:** You must provide a copy of the deceased person's death certificate or another document that proves they have passed away and states the date it occurred. This will help the Administrator check the Claimant's identity and confirm that this is the right Claim Form for this Claimant. This document is required and must be provided with the Claim Form.

## 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 [FNChildClaims.ca/identification](https://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.

**Government-issued ID of the Representative:** You must include a copy of your government-issued ID with the Claim Form. This will help the Administrator confirm your identity. Check to make sure that the full name on the ID is the same as the full name you provided in Part 2 of the Claim Form.

The Administrator will accept most forms of ID issued by:

- First Nations governments (like a Certificate of Tribal Membership)
- Provincial/territorial governments (like a driver's licence)
- Federal government (like a Certificate of Indian Status card)
- Identification issued by foreign governments (like a U.S. State Identification card)

A list of acceptable forms of ID can be found at [FNChildClaims.ca/identification](https://fnchildclaims.ca/identification), or you can call the Administrator's Contact Centre toll-free at 1-833-852-0755 for more information and advice on getting ID.

Remember, this document is required and must be provided with the Claim Form.

**TIP:** If you don't have any government-issued ID, you may be able to get a photo ID card from your provincial or territorial government with a Guarantor Declaration. This is a document signed by a Band Councillor or Chief, a doctor, lawyer, police officer or other registered/certified professional saying that they know you and can confirm your name, date of birth and other key information. Contact your provincial or territorial government to find out how to apply for a photo ID card. If you need advice about getting ID, please call the Administrator's Contact Centre toll-free at 1-833-852-0755.

**You have now filled in all of Form B!**

**Keep reading to find out how to send in the Claim Form, and learn about the Settlement and where to get help.**

## 10. SENDING IN YOUR CLAIM FORM



### Option 1 – Online Claims Portal

You can complete your Claim Form online through the Claims Portal at [Portal.FNChildClaims.ca](https://Portal.FNChildClaims.ca). The Claims Portal lets you set up an account and fill in all the information needed for your Claim using a computer, tablet, or mobile phone. Please note you will need to be able to receive text messages or voice calls to be able to activate the Multi-Factor Authentication (security features) of the Claims Portal.

The Claims Portal is the recommended way to submit your Claim Form because you will be able to track the progress of your Claim any time without contacting the Administrator. There are useful features that help you find your way around the Form and make sure your Claim Form is complete before you submit it. The Claims Portal also allows you to start, save, and come back to the Claim Form later if you are not ready to complete it all at one time. The Form will be waiting for you to continue from where you left off, when you are ready to continue. *Just don't forget to finish and send in your Claim Form before your Claims Deadline.*

You can also use this secure website to upload pictures of the front and back of your ID and other documents.

*The portal will send you an instant email confirmation when you have successfully submitted your Claim Form to the Administrator.*



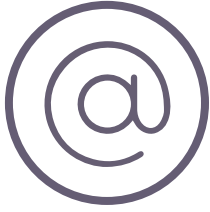
### Option 2 – Electronic

Visit [FNChildClaims.ca/ClaimForms](https://FNChildClaims.ca/ClaimForms) and download **Form B – Deceased Removed Child Class** and save it on your computer/tablet. The Claim Form is a fillable PDF file. This means you can type your information directly into the document.

Once the Claim Form is complete, save the file on your device. Then you can **email it**, with pictures of the front and back of your ID and other documents, to [Claims@Admin.FNChildClaims.ca](mailto:Claims@Admin.FNChildClaims.ca).

*You will get a letter in the mail confirming that the Administrator received your Claim Form.*

**TIP:** If you are the Representative for more than one deceased Claimant and are sending multiple Claim Forms at once, please send each Claim Form in a separate attachment. You can send one email, but please create a separate file for each Claimant you represent.



### Option 3 - Print and Email

Visit [FNChildClaims.ca/ClaimForms](https://FNChildClaims.ca/ClaimForms), print **Claim Form B** and fill it in by hand. You can then scan or take a picture of the Claim Form, the front and back of your ID, and any other documents. Make sure to scan every page (some scanners don't scan double-sided pages), count the pages, check page numbers, and check that the quality of the images is good (words can be read and pictures are clear). Email the scans or pictures of your Claim Form and documents to:

[Claims@Admin.FNChildClaims.ca](mailto:Claims@Admin.FNChildClaims.ca).

*You will get a letter in the mail confirming that the Administrator received your Claim Form.*



### Option 4 - Print and Fax

Visit [FNChildClaims.ca/ClaimForms](https://FNChildClaims.ca/ClaimForms) and either download **Claim Form B**, fill it in on your device and print it, or you can print **Claim Form B** and fill it in by hand. Once complete, you can fax the Claim Form, along with the front and back of your ID and other documents to **1-416-815-2723**. Check the number of pages on the fax confirmation sheet to make sure the whole Claim Form and all of your documents went through. It is important to make sure that all pages were sent. Count the pages, check page numbers, and look for any double-sided pages (for some fax machines, you have to flip over double-sided pages to get them scanned in), and check that the quality of the images is good (words can be read and pictures are clear).

*You will get a letter in the mail confirming that the Administrator received your Claim Form.*



## Option 5 – Print and Mail

Visit [FNChildClaims.ca/ClaimForms](https://FNChildClaims.ca/ClaimForms) and print **Claim Form B** or call the Administrator's Contact Centre toll-free at **1-833-852-0755** and ask for a Claim Form to be mailed to you.

1. Fill in the Claim Form by hand
2. Get paper copies of your ID and other documents (and keep a photocopy of the Claim Form package for yourself)
3. Mail it to:

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

### **DO NOT SEND ORIGINAL DOCUMENTS – ONLY COPIES (PHOTOCOPY, SCAN, OR PHOTO).**

*You will get a letter in the mail confirming that the Administrator received your Claim Form.*

**TIP:** Please fill in the entire Claim Form before you send it to the Administrator. Sign it, date it, and attach copies of your documents. Sending in an incomplete Claim Form will delay any compensation you may be eligible for and could result in your Claim being denied.



## Deadline

The Administrator **MUST** receive this Claim Form by the deadline for the Claim to be considered for compensation.

- For Deceased Removed Child, the claims deadline is **March 10, 2028, 11:59 p.m. PT.**
- There is an exception if the Removed Child passed away after March 10, 2025, while under the Age of Majority. For these Claimants, the Claims Deadline is three years from their date of death.



# 11. ADDITIONAL INFORMATION

## Where to Get Help

Having trouble filling out your Claim Form, need support or have questions? Help is available.

- 1. The Contact Centre:** If you aren't sure how to fill in any part of this Claim Form or if you have other questions, call the Administrator's Contact Centre toll-free at **1-833-852-0755**.
- 2. Claims Helpers:** The Administrator has a team ready to provide one-on-one help with your Claim Form. Claims Helpers can help you fill out your Claim Form, on the phone, by video chat, or in person (where possible). They can provide information about getting supporting documents or ID. They can also tell you where to find other support for wellness and financial information. The first step to connecting with a Claims Helper is to call the the Administrator's Contact Centre toll-free at **1-833-852-0755**.
- 3. Emotional Help:** You may find that filling out this Claim Form brings up difficult memories or emotions. If you want to talk, counsellors are available 24 hours a day at the Hope for Wellness Helpline: **1-855-242-3310** or visit [HopeForWellness.ca](https://www.hopeforwellness.ca) for free support and crisis intervention.
- 4. Legal Support:** You do not need to pay a legal professional (e.g., lawyer, paralegal, or other legal professional.) to help you with your Claim. For legal information about the Settlement, the Administrator's Contact Centre will, if necessary, refer legal questions to Class Counsel, who will provide further information at no cost.  
  
If you choose to hire a lawyer to help you with your Claim, the lawyer needs to follow the rules set out by the Court. (Visit [FNChildClaims.ca/Documents](https://fnchildclaims.ca/Documents) to see the [Protocol for Legal Professionals](#)) This includes explaining to you that you do not need to hire a legal professional to help you with your Claim and confirming that you will pay the legal professional for their services, if you choose to hire one.

## About the Settlement

On April 19, 2023, the Assembly of First Nations (AFN), the Moushoom and Trout Class Action plaintiffs, reached a final Settlement Agreement, totalling \$23.3 billion. This agreement intends to compensate those harmed by discriminatory underfunding of the First Nations Child and Family Services program and those impacted by the federal government's narrow interpretation of Jordan's Principle.

This Settlement includes nine Classes. In a settlement, a "Class" is a group of people who have had similar experiences and may be entitled to compensation for the harm done to them. They are called "Class Members."

First Nations Children who were removed from home on Reserve or in the Yukon (Removed Child Class) and their Caregiving Parents or Caregiving Grandparents (Removed Child Family Class) are the first two Classes to have their Claims Process approved by the Court. This Claims Process launched on March 10, 2025.

For more information about the Settlement, and to read the [Settlement Agreement](#), please visit [FNChildClaims.ca](https://fnchildclaims.ca).

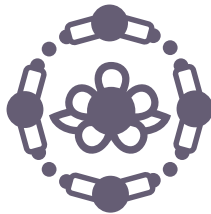
## About the Claims Process

The Claims Process (available at [FNChildClaims.ca](https://fnchildclaims.ca)) is based on the Settlement Agreement and is approved by the Federal Court. It sets out the guidelines (rules) for deciding if someone is eligible and approved for compensation. After you send in the Claim Form and required documents, the Administrator will follow this Claims Process to check if you are eligible for compensation under the Settlement. The Administrator may contact you if they need additional information.

If you meet the requirements, you will get a letter telling you the compensation you will receive and asking you to decide if you want your payment by cheque or direct deposit. If you don't meet the requirements, the Administrator will send you a letter saying that the Claim is denied and explaining whether your Claim can be appealed and how to request an appeal.



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



## **COMPANION GUIDE**

**Form B: The Deceased Removed Child  
Class Claim Form**

This Claim Form is for a  
**Representative** of a Deceased Removed Child