NUNAVUT TERRITORY CORONER APPLICATION FORM

ᓄᓇᕗᒻᒥ ᑐᖁᖓᔪᓕᕆᔨᒃᓴᒧᑦ ᑕᑕᑎᒐᒃᓴᖅ ᐆᒃᑐᖁᓂᖁᒧᑦ

Application for appointment as a Coroner to serve the community of_____
ᑕᑕᑎᒐᒃᓴᖅ ᑎᒃᑯᐊᖅᑕᐅᓇᓱᖕᓂᖁᒧᑦ ᑐᖁᖓᔪᓕᕆᔨᒃᓴᒧᑦ ᓄᓇᕐᓱᓐᓂᒃ ᐱᔨᑦᓯᓂᐊᖁᓗᓂ ᐅᕙᓂ:

ᐊᑏᑦ: ᓴᓇᔪᓐᓇᐅᑎᕕᑦ ᓈᓴᐅᑎᖓ
FULL NAME:_____ S.I.N._____

ᑐᕋᕈᑎᖓ:
MAILING ADDRESS:_____

ᐅᖃᓗᑦ: (ᐊᖏᕋᖓᓂ): (ᓴᓇᕝᕕᖓᓂ): ᓱᒃᑲᔪᒃᑯᑦ ᓈᓴᐅᑎᖓ:
PHONE (HOME):_____ (WORK):_____ FAX:_____

ᐃᓅᕝᕕᖓ: ᐅᑭᐅᖓ: ᐃᓄᕝᕕᕕᓂᖓ:
DATE OF BIRTH:_____ AGE:_____ PLACE OF BIRTH:_____

ᐃᓅᓃᑦ ᖃᑦᓗᓈᖑᓃᑦᓗᕝᕙ: ᐅᐃᖃᖅᓂᖅᐱᑦ/ᓄᑕᐊᖃᖅᓂᖅᐱᑦ
ETHNIC ORIGIN:_____ MARITAL STATUS:_____

ᐃᓕᓐᓂᐊᖅᓯᒪᓖᑦ:
EDUCATION:_____

ᐱᓕᕆᐊᑦ:
OCCUPATION:_____

ᓴᓇᕝᕕᒋᔭᖅᐱᑦ ᐊᑎᖓ:
NAME OF EMPLOYER:_____

ᖃᓄᖅ ᐊᑯᓂᐅᑎᒋᔪᒥᒃ ᓄᓇᖃᓕᕐᓃᑦ:
HOW LONG HAVE YOU BEEN A RESIDENT IN THE AREA:_____

ᖃᐅᔨᒪᓂᕆᔭᐃᑦ ᓄᓇᖁᑎᒋᔭᕐᓂ:
KNOWLEDGE OF LOCALITY:_____

ᓇᑦᓕᐊᖕᓂ ᐅᖃᐅᓯᓂ ᐊᔪᖏᑦᑕᖃᖅᐱᑦ:
IN WHAT LANGUAGES ARE YOU FLUENT:_____

ᐅᖃᐅᓯᒃᑯᑦ: ᑎᑎᕋᐅᓯᒃᑯᑦ:
ORAL:_____ WRITTEN:_____

ᐊᔪᖏᓐᓂᕆᔭᑎᑦ ᐅᕝᕙᓗᓐᓃᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᓂᕆᔭᑎᑦ ᐃᑲᔫᑎᖃᕈᓐᓇᕐᓂᐊᕋᓱᒋᔭᑎᑦ ᐅᕗᖓ ᐱᓕᕆᐊᒧᑦ ᐆᒃᑐᖅᑎᑦᓗᑎᑦ ᑐᖁᔭᔪᓕᕆᓂᕐᒧᑦ:
SPECIAL SKILLS OR TRAINING THAT MAY HELP YOU IN THE JOB OF CORONER:

SIGNATURE:_____ **DATE:** _____

PO Box 1000 Station 590
Iqaluit Nunavut X0A 0H0
Chief Coroner: ☎ (867) 975-7292 🖷 (867) 975-7294 Cell : 975-1063
Administrator: ☎ (867) 975-7290