

TRIBAL ENROLLMENT APPLICATION

Applicant's Full Name: \_\_\_\_\_  
Native, Maiden or other name  
by which applicant is known: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Home Phone #: \_\_\_\_\_ Work or Message Phone #: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Place of Birth Social Security #

Degree of Native Blood Claimed: \_\_\_\_\_  
Athabascan Other Total

Village you wish to enroll to: \_\_\_\_\_

Are either of applicant's parents enrolled as a member of another tribe? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which parent and what tribe? \_\_\_\_\_

Is applicant an adopted child? Yes \_\_\_\_\_ No \_\_\_\_\_

Is applicant enrolled with another tribe? Yes \_\_\_\_\_ No \_\_\_\_\_

Is applicant a direct lineal descendant of a member of the tribe? Yes \_\_\_\_\_ No \_\_\_\_\_

CERTIFIED BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORMS.

I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause for disenrollment. I also authorize the release of this information to any organization for the purpose of processing this application.

\_\_\_\_\_  
Date Signature and Relationship to Applicant

\*\*\*\*\*  
A) Recommendation of Enrollment Committee B) Action by Council  
 Approve  Approve  
 Reject Because:  Reject Because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature by Chairperson Vote: \_\_\_\_\_ For: \_\_\_\_\_ Against: \_\_\_\_\_  
Date of Meeting: \_\_\_\_\_

\_\_\_\_\_  
Signature of President