Native Village of Brevig Mission
Tribal Enrollment Application

NVBM Enroll No.:_____
Date NVBM Received:_____

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SECTION A. APPLICANT INFORMATION

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Full Name:_____

Maiden/Other Name(s):_____

Street Address:_____

Mailing Address:_____

Residency: _____ Length of Residency:_____

Date of Birth:_____ Place of Birth:_____

Social Security #:_____ Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Home Phone #: _____ Work or Message #:_____

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SECTION B. ENROLLMENT INFORMATION

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Degree of Native Blood Claimed: _____

	Inupiat	Other (Specify)	TOTAL

Is applicant a direct lineal descendant of a member of the Tribe? ☐ Yes ☐ No

Is applicant enrolled in another Tribe? ☐ Yes ☐ No

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SECTION C. BIRTH PARENT INFORMATION

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Birth Mother's Maiden Name:_____

Maiden/Other Name(s):_____

Date of Birth:_____ Tribe Enrolled:_____

Borth Father's Name:_____

Date of Birth:_____ Tribe Enrolled:_____

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SECTION D. ADOPTION INFORMATION (if applicable)

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Adoptive Mother's Name:_____

Adoptive Father's Name:_____

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SECTION E. RELEASE OF INFORMATION

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I certify that the information 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 information to any organization for the purpose of processing this application.

_____ _____

Signature Date