

APPLICATION NO#: _____
DATE RECEIVED: _____

APPLICATION FOR ENROLLMENT- NATIVE VILLAGE OF ELIM

Applicant's Full Name: _____

Alaska Native, Indian, Maiden or other name by which known: _____

Mailing Address: _____

City State Zip

Date of Birth: Place of Birth: Social Security Number:

Ancestor on base roll (or ANCSA roll) through whom enrollment rights are claimed:(if known)

Name: _____ Roll No.: _____ Relationship: _____

DEGREE OF NATIVE BLOOD CLAIMED:

Alaska Native Other (give Degree & Tribe) Total Degree of Native Blood

Is either of your parents enrolled as a member of another tribe? Yes ___ No ___
Is applicant an adopted child? Yes ___ No ___
Is applicant enrolled in another tribe? Yes ___ No ___
Is applicant a direct lineal descendant of a member of the tribe? Yes ___ No ___

COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD, OR OTHER PROOF OF BIRTH AND PARANTAGE MUST BE SUBMITTED WITH APPLICATION FORM.

Date Signed: _____
Signature of Adult Applicant or Sponsor

If sponsored application, relationship of sponsor to application. _____

(DO NOT WRITE BELOW THIS LINE)

NOTE: Please fill out family tree chart.