

King Island

Native Community

APPLICATION FOR ENROLLMENT

Applicants full name: _____

Alaska Native, maiden or other name by which known: _____

Mailing Address: _____

 City State Zip code
 Phone #: _____ Email Address: _____

Date of Birth Place of Birth Social security #

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

Name _____ Roll # _____
 Relationship _____

DEGREE OF NATIVE BLOOD CLAIMED:

 Alaska Native Other (give degree) Total degree of Native blood

Is either parent enrolled as a member of another tribe? ____ Yes ____ No
 If yes, which parent and with what tribe (if known)? _____

Is the applicant an adopted child? ____ Yes ____ No

Is the applicant enrolled with another tribe? ____ Yes ____ No

Is the applicant a direct lineal descendant member of this tribe? ____ Yes ____ No

COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH AND

PARENTAGE MUST BE SUBMITTED WITH THIS APPLICATION FORM.

 Date signed Signature of adult applicant or sponsor

If a sponsored application, relationship of sponsor _____

NOTE: Please fill out the family tree chart on the back side of this form.

Mail form to: KINC IRA (907) 443-2209 Phone
 PO Box 682 (907) 443-8049 Fax
 Nome, AK 99762 email: jknowlton@kawerak.org