



**NATIVE VILLAGE OF KOYUK  
IRA COUNCIL**

P.O. BOX 53030 \* KOYUK, ALASKA 99753-3030  
PHONE: (907) 963-3651 \* FAX: (907) 963-2353

Application No: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**APPLICATION FOR TRIBAL ENROLLMENT**

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

Mailing Address: \_\_\_\_\_  
City State Zip

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

Ancestor of base roll (or ANCSA roll) through whom enrollment rights are claimed (if known):  
Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_ 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  
If yes, which parent and which Tribe? \_\_\_\_\_

Is applicant and 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

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

Signature of adult or sponsor \_\_\_\_\_ Date \_\_\_\_\_

If sponsored application, relationship of sponsor to applicant: \_\_\_\_\_