**NATIVE VILLAGE OF WALES**

**APPLICATION FOR TRIBAL ENROLLMENT**

Applicant's Full Legal Name:_____

Alaska Native, Indian, Maiden or Other Name by which known:

_____

Mailing Address: _____

_____

City State Zip

Date of Birth Place of Birth Social Security

_____/_____/_____ _____ _____-_____-_____

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
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:_____