CHINIK ESKIMO COMMUNITY

Native Village of Golovin P.O. BOX 62020 Golovin, Alaska 99762 (907) 779-2214 Fax (907) 779-2000

APPLICATION FOR ENROLLMENT

Applicant's First Name:	Middle:					
Last:	Maiden:		M or F			
Alaska Native, Indian, Maiden o	or other name by which	known:				
Mailing Address:		Cont	act Number: ()		
(Street Address & P.O. Box)						
(O'+ O+-+- 7' O1-)						
DOB: Place of	`Birth:	Social Secur	ity:			
Ancestor on base roll (or ANCS	A roll) through whom e	nrollment rights	are claimed: (if k	nown)		
Name:	Roll No.:	Relation	nship:			
DEGREE OF NATIVE BLO Inupiat, Yupik, Athabascan, etc.) Affiliation and Blood Quantum	Other(Please provide	Tribe Name and	Total Degree o	f Native		
1. Is applicant enrolled with If yes, which Tribe:	another Tribe?		Yes	No		
2. Is either of your parents en	rolled as a member of and		Yes	No		
If yes, which parent and wi			X7			
3. Is applicant an adopted chil4. Is applicant a direct lineal of		f the Tribe?	Yes Yes	No		
COPY OF THE BIRTH CER OF BIRTH AND PARENTAG	TIFICATE, BAPTIS	MAL RECORD	OR OTHER	PROOF		
Print of Adult Applicant or Spor	nsor	_				
Signature of Adult Applicant or If sponsored application, relation	-	 icant:	Date Signed	I		
NOTE: Please fill out family tree	Do not write below	this line!				

Date Received:	Enrollment Number Assigned: Rev. 09/21					

		•	APPLICANT Tribs & Blood Degree				
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GRANDMOTHER Tribe & Bleed Degree		Tribe & Blood Degree		GRANDHOTHER Tribe & Blood Degree		GRANDFATHER.	
Tribe & Blood Degree OREAT GRANDWHER	Tribe & Blood Degree GREAT GRANDFATHER	GREAT GRANDHOTHER	Tribe & Blood Degree GREAT GRANDFATHER Tribe & Blood Degree	Tribe & Blood Dagres GREAT GRANDMOTHER	Tribe & Blood Degree GREAT GRANDFATHER	GREAT GRANDWATHER. Tribo & :Blood Dogras	
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