Office Use Only:	
Date application Received	
Assigned Enrollment #	
Resolution Number:	
Date Approved:	

Native Village of Diomede Indian Reorganization Act Tribal Enrollment Department Inalik Street, P.O. Box 7079 Little Diomede, Alaska 99762-7079

Telephone: (907) 686-2175 Facsimile: (907) 686-2203

	Tr	ıbal Enrollm	ent Applicati	ion	
Date of Application					
Name of Applicant:	First		Middle		Last
Full Maiden Name	0000 000000000	0	V2000012.0000 8.00 W1000		1.4
Native Name(s) or Know	n as:				
Address:					
So	cial Security	Number			
		Name Constitution (200			
Home Telephone:			Messa	ge:	
Date of Birth:					
Place of Birth			-	Blood I	Degree:
Ethnic Group:				Blood I	egree:
Other Tribe				Blood D	egree:
	If Any, List	full Certified	names of you	r child (ren):	
Name of Child Last, First, Middle	Gender	Date of Birth	Place of Birth	Social Security Number	BIA CDIB Number

## YOUR BIOLOGICAL PARENTS:

Iother's Name
Iother's Maiden Name:
lace of Birth: Marital Status; Home or Hospital Name, City and State
lace of Birth:
Home or Hospital Name, City and State
thnic Group: Native Blood Degree:
thnic Group: Native Blood Degree: ocial Security Number: /
IA Certificate Degree of Indian Blood Number:
ame of Tribal Membership Enrolled:
ribal Address
Phone: Facsimile:
Lathania Miana
atner's Name
ather's NameMarital Status;
Place of Birth: Home or Hospital, City and State
Home or Hospital, City and State
Cthnic Group: Native Blood Degree: Native Blood Degree:
Ocial Security Number:/
BIA Certificate Degree of Indian Blood Number:
Name of Tribal Membership Enrolled:
Phone:Facsimile:
hone: Facsimile:
A COPY OF YOUR BIRTH CERTIFICATE, SOCIAL SECURITYCARD, AND BUREAU OF INDIAN AFFAIRS (BIA) CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB) CARDS, BAPTISMAL
RECORD OR ANY PROOF OF BIRTH AND PARENT AGE ARE REQUIRED TO COMPLETE YOU
APPLICATION.
N ADDITION ANY IMPORTANT COPIES OF LEGAL DOCUMENTS SUCH AS WILLS,
MARRIAGE, ETC MAY BE FILED CONFIDENTIALLY AT YOUR REQUEST. IF YOU DO NOT
HAVE ANY OF THESE DOCUMENTS, APPLICATIONS ARE AVAILABLE AT OUR OFFICE.
hereby certify the subscribed forgoing information is true and correct to the best of my knowledge for thourpose of enrollment to the Native Village of Diomede, IRA Tribal Membership Roll.
Signature: Date:
Applicant

Please return the completed application and copies of documents requested to the above address. Any information not responded on the application or any documents required need extraordinary attention to comply with the enrollment procedures. A written notification will be sent to you regarding the status of your enrollment.

