

APPLICATION NO#: _____
DATE RECEIVED: _____

APPLICATION FOR ENROLLMENT- NATIVE VILLAGE OF ELIM

Applicant's Full Name: _____

Alaska Native, Indian, Maiden or other name by which known: _____

Mailing Address: _____

City State Zip

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

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
Is applicant an adopted child? Yes No
Is applicant enrolled in 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 PARANTAGE MUST BE SUBMITTED WITH APPLICATION FORM.

Date Signed: _____
Signature of Adult Applicant or Sponsor

If sponsored application, relationship of sponsor to application. _____

(DO NOT WRITE BELOW THIS LINE)

NOTE: Please fill out family tree chart.

APPLICATION FOR ENROLLMENT

NATIVE VILLAGE OF ELIM
FAMILY TREE CHART

	<u>Grandfather</u>	<u>Great Grandfather</u>
	<u>Tribe and Blood Degree</u>	<u>Tribe and Blood Degree</u>
		<u>Great Grandmother</u>
<u>Father</u>		<u>Tribe and Blood Degree</u>
<u>Tribe and Blood Degree</u>	<u>Grandmother</u>	<u>Great Grandfather</u>
	<u>Tribe and Blood Degree</u>	<u>Tribe and Blood Degree</u>
		<u>Great Grandmother</u>
<u>Applicant</u>		<u>Tribe and Blood Degree</u>
<u>Tribe and Blood Degree</u>	<u>Grandfather</u>	<u>Great Grandfather</u>
	<u>Tribe and Blood Degree</u>	<u>Tribe and Blood Degree</u>
<u>Mother</u>		<u>Great Grandmother</u>
<u>Tribe and Blood Degree</u>		<u>Tribe and Blood Degree</u>
	<u>Grandmother</u>	<u>Great Grandfather</u>
	<u>Tribe and Blood Degree</u>	<u>Tribe and Blood Degree</u>
		<u>Great Grandmother</u>
		<u>Tribe and Blood Degree</u>

APPLICATION FOR ENROLLMENT

**RECOMMENDATION FOR ENROLLMENT
COMMITTEE/OFFICER**

_____ Approve

_____ Reject because

Date: _____

Signature of Committee

ACTION BY COUNCIL

_____ Approve

_____ Reject because

Date of meeting: _____

Signature of Chairman of Council