

**NATIVE VILLAGE OF KOYUK  
IRA COUNCIL**

P O. BOX 30 \* KOYUK, ALASKA 99753  
PHONE: (907) 963-3651 \* FAX: (907) 963-2353

APPLICATION NO. \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

**APPLICATION FOR ENROLLMENT**

Applicant's full name: \_\_\_\_\_

Alaska Native, Indian, maiden or other name by which is known:  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

City	State	Zip
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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 \_\_\_\_\_

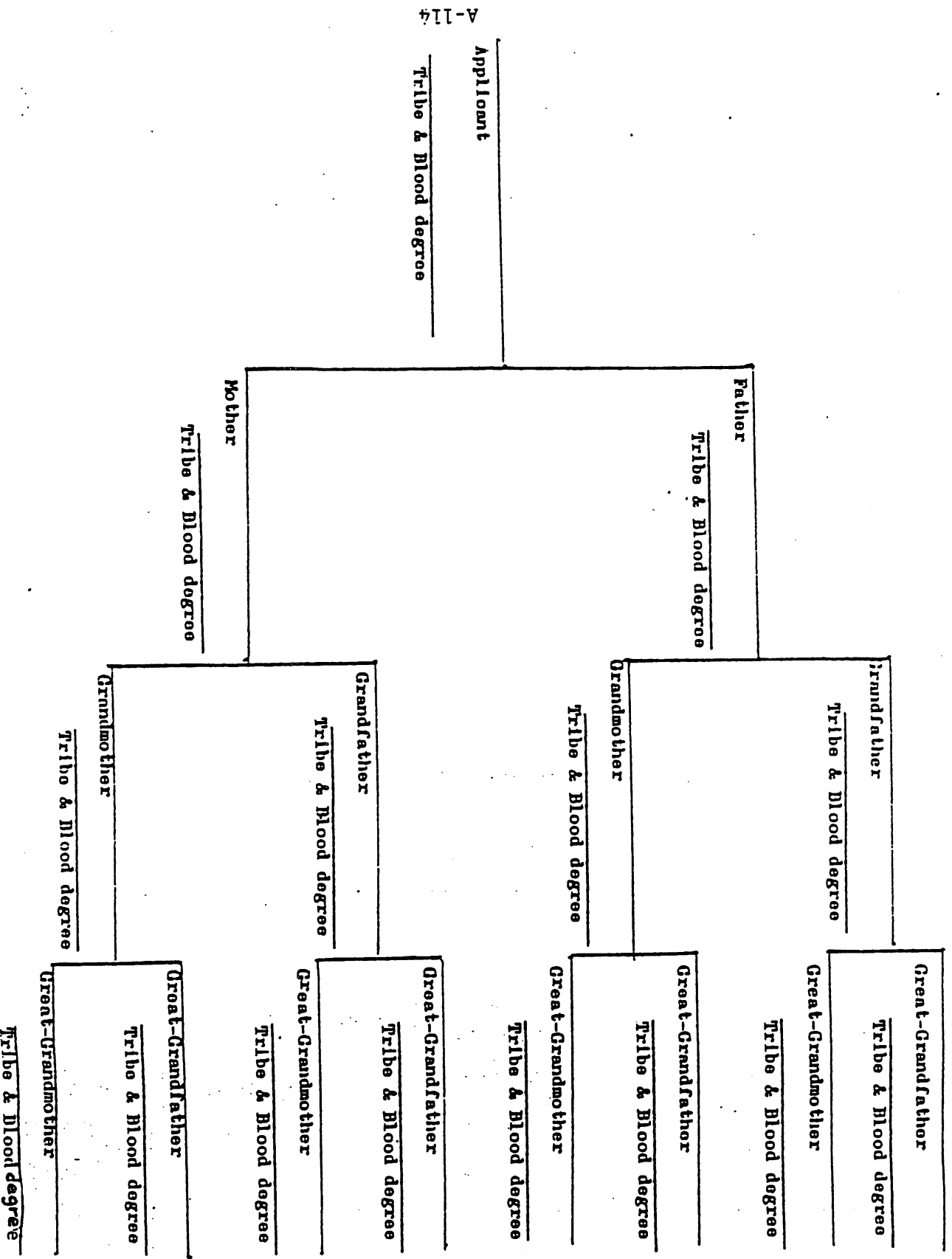
If yes, which parent and with what tribe? \_\_\_\_\_

Is applicant an 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 \_\_\_\_\_

FAMILY TREE CHART



A-114

**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: \_\_\_\_\_

**\*\*\* Family tree must be filled out. See back of application.**

Action by the Native Village of Koyuk IRA Council:

\_\_\_\_\_ Approved

\_\_\_\_\_ Reject, because of the reason below:

\_\_\_\_\_

\_\_\_\_\_

Vote: \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Absent  
\_\_\_\_\_ Abstentions

\_\_\_\_\_  
President date

\_\_\_\_\_  
Secretary date