

Application Number - \_\_\_\_\_  
Date Application Received - \_\_\_\_\_

### APPLICATION FOR ENROLLMENT

Applicant's Full Name \_\_\_\_\_  
Applicants Mailing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

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 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

**NOTE: COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORM.**

Signature of Adult Applicant or Sponsor \_\_\_\_\_ Date \_\_\_\_\_

If sponsored application, relationship of sponsor to applicant: \_\_\_\_\_

**NOTE: Please fill out family tree chart on back.**

Great Grandfather  
Tribe & Blood Degree

Grandfather  
Tribe & Blood Degree

Father  
Tribe & Blood Degree

Great Grandfather  
Tribe & Blood Degree

Grandmother  
Tribe & Blood Degree

Applicant  
Tribe & Blood Degree

Great Grandfather  
Tribe & Blood Degree

Grandfather  
Tribe & Blood Degree

Mother  
Tribe & Blood Degree

Great Grandfather  
Tribe & Blood Degree

Grandmother  
Tribe & Blood Degree

Great Grandmother  
Tribe & Blood Degree