



Native Village of St. Michael

P.O. Box 59050 - St. Michael, Alaska 99659 Phone: (907) 923-2304/2405
 Fax: (907) 923-2406

APPLICATION FOR ENROLLMENT

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 ANSCA 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 _____

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 PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORM.

Date signed: _____

 Signature of adult applicant or sponsor

If sponsored application, relationship of sponsor to applicant: _____

(Do Not Write Below This Line)

NOTE: PLEASE FILL OUT FAMILY TREE CHART ON BACK

NATIVE VILLAGE OF ST. MICHAEL
FAMILY TREE

