



# 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

Application no.: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Alaska Native, Indian, maiden or other name(s) by which known: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State zip

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

Ancestor on base roll (or ANSCA) 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**

**RECOMMENDATION OF ENROLLMENT  
COMMITTEE/OFFICER**

\_\_\_\_\_ Approve  
\_\_\_\_\_ Reject because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Committee**

**ACTION BY COUNCIL**

\_\_\_\_\_ Approve  
\_\_\_\_\_ Reject because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Chairman of Council**

NATIVE VILLAGE OF ST. MICHAEL  
FAMILY TREE

