STEBBINS COMMUNITY ASSOCIATION

P.O. Box 71002 Stebbins, AK 99671

**Phone**: 907-934-2393/2653 **Fax**: 907-934-3560

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**APPLICATION FOR TRIBAL ENROLLMENT**

**FOR A COMPLETE TRIBAL ENROLLMENT APPLICATION PLEASE PROVIDE A COPY OF THE BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH, SSN & PARENTAGE MUST BE SUMBITTED ALSO FILL OUT FAMILY TREE.**

**Applicant's Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

First Full Middle Last Maiden

**Gender:** Male\_\_\_\_ Female\_\_\_\_ **Marital Status:**  Single\_\_\_\_ Married\_\_\_\_ Widowed\_\_\_\_\_

**Indigenous Name**(s)/**Other**(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Best Contact Number** & **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Certificate Indian Blood # or BIA**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eye Color:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hair Color:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Height:** \_\_\_\_\_\_\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Ancestor on Base roll (or ANCSA roll) through whom enrollment rights are claimed:

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

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Roll Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE OF NATIVE BLOOD CLAIMED:**

Specify affiliation, some examples are Inupiaq, Yupik, Siberian Yupik, and Athabascan

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

**Affiliation/Blood Quantum**  **Other (Please proved Tribe Name & Blood Quantum)** **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? \_\_\_Yes \_\_\_No

Is applicant an adopted child? \_\_\_Yes \_\_\_No

Is applicant enrolled with another Tribe? \_\_\_Yes \_\_\_No

Is applicant a direct lineal descendent of a member of the Tribe? \_\_\_Yes \_\_\_No

Have you relinquished or given up membership from any tribe \_\_\_Yes \_\_\_No

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

**Signature of Adult applicant or Guardian**  **Date Signed**

**Relationship to applicant if guardian filled out application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*DO NOT WRITE BELOW THIS ONLY TC OR EC\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Action by Council:** Approved \_\_\_ Rejected because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vote:** For \_\_\_\_\_\_ Against**:** \_\_\_\_\_\_

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

**Enrollment # Assigned**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_