



Resolution Number: _____
 Resolution/Enrollment Date: _____
 Enrollment Number: _____

TRIBAL ENROLLMENT APPLICATION

All fields must be completed.

Applicant Information

First and Middle Name:		Suffix:	
Last Name:		SSN Number:	
Maiden/Other Name:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:		Date of Birth:	
Email Address:		Phone Number:	
Mailing Address:			
Physical Address:			
City:		State:	Zip:
Marital Status:	<input type="checkbox"/> Common-Law <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Individual
Partner/Spouse/Widow's Full Name:			
Primary Culture/Race:	<input type="checkbox"/> African American <input type="checkbox"/> Native American	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility Information

Is applicant a lineal descendant of an Aleut Community of St. Paul Island base roll member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant of Alaska Native or Native American descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant enrolled in another federally recognized tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which tribe?	
Does applicant live on St. Paul Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source to confirm degree of Native blood (e.g., CDIB):	

Complete below for birth or adoptive parents whom enrollment rights are claimed.

Mother		Father	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	

Mother		Father	
Tribe enrolled in:		Tribe enrolled in:	
Enrollment Number:		Enrollment Number:	
Degree of Native blood:		Degree of Native blood:	
Maternal Grandmother		Paternal Grandmother	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Maternal Grandfather		Paternal Grandfather	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Application Filed By			
Relationship to the Applicant: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s): _____ Printed Name <input type="checkbox"/> Representative: _____ Printed Name		Reason(s) why Applicant does not file this application for him/herself: <input type="checkbox"/> Applicant is a Minor <input type="checkbox"/> Applicant is Disabled <input type="checkbox"/> Applicant is Mentally Incompetent	
Certification and Signature			
The person(s) filing this Application for Enrollment: <ol style="list-style-type: none"> 1) Understands that they have the burden of proof in establishing that the applicant meets all the requirements for membership in the Aleut Community of St. Paul Island, and therefore they should fully answer all questions in this Application and should submit to the Enrollment Office all documents or other available information to support this Application. Additional information in support of this Application may be set forth on a signed separate sheet of paper and attached to this Application. 2) Certifies that the statements and information provided in support of this Application are true in all respects. 			
_____ Signature		_____ Date	
NOTE: Parents or legal guardians may submit on behalf of their minor children. Responsible adult tribal members may submit on behalf of handicapped and/or mentally incompetent persons. Copies of SSN Card and Certified Birth Certificate, or other proof of birth and parentage, must be submitted with this application. Submit application and supporting documents to: tribalenrollment@aleut.com.			