



Enrollment Application

Name _____ Maiden/Other name(s) _____
Social Security Number _____ Date of Birth _____
Sex: Male Female Place of Birth _____
Single Married Divorced Spouse Name _____
Physical Address _____
Local Address _____
Mailing address _____ City _____ State _____ Zip _____
Blood Quantum _____ CIB# _____
Haida Tlingit Aleut Athabaskan Eskimo Tshimsian Other
Descendent of Mother Father _____

Are you enrolled in a native corporation? If yes, which corporation? _____
Are you enrolled in Tlingit & Haida Central Council? If yes, what is your enrollment number? _____
Are you enrolled with another Tribe? If yes, which tribe? _____

The constitution of the Chilkat Indian Village does not allow Tribal members to be enrolled in any other Tribe. If your Tribal enrollment request is approved you will be required to withdraw your name from any other Tribe you may be enrolled in. Please initial/date; _____

Suggested information for attached family tree chart:

- | | |
|---|---|
| English Name | Native name(s) & English Translation |
| Aboriginal Affiliation | Clan Affiliation (with English Translation) |
| Clan House affiliation (with English translation) | Date of Birth |
| Blood Degree | Date of Death |

Copies of documentation attached to application:

(Copies of Blood Quantum degree, letter to council for enrollment, and Birth Certificate must be attached)

Certificate of Blood Birth Certificate Social Security Card Driver License
Other _____

I hereby certify that the information given for the purpose of enrollment with the Chilkat Indian Village Tribe is true and correct to the best of my knowledge.

Applicant's signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FATHER
D.O.B. _____
TRIBE _____
ROLL# _____
BLOOD QUANTUM _____
BIRTH PLACE _____
SIBLINGS _____

FATHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____ B.Q. _____

APPLICANT
D.O.B. _____
TRIBE _____
BLOOD QUANTUM _____
BIRTH PLACE _____
SIBLINGS _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

FATHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER
D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____
SIBLINGS _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____ B.Q. _____

D.O.B=date of birth
B.Q= blood quantum