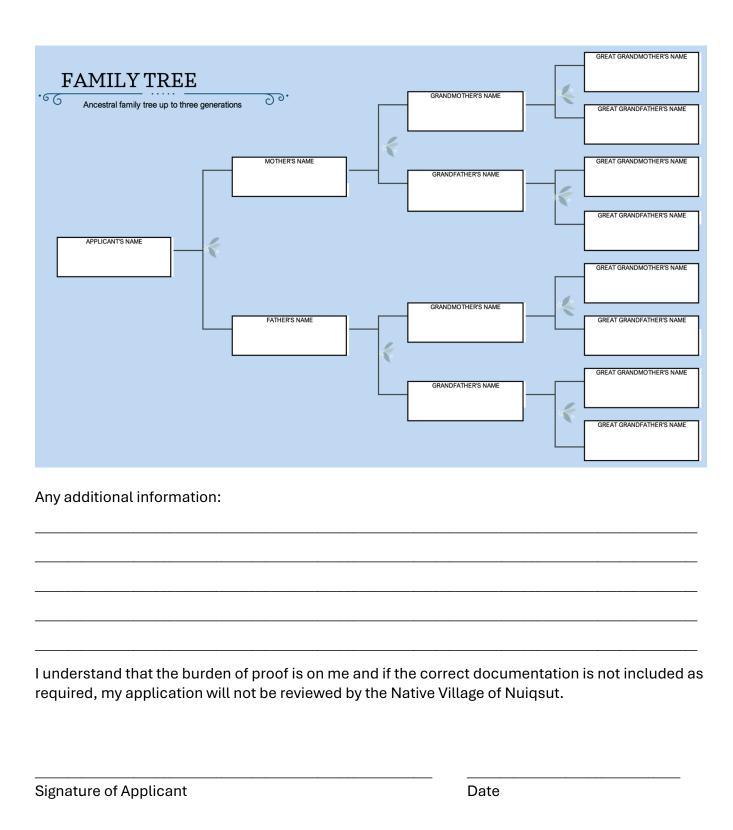
Native Village of Nuiqsut

Ph: 907-480-3010 | Fax: 907-480-3009 | Email: <u>administrator@nvnuiqsut.org</u> | **nvnuiqsut.org** 2205 2nd Avenue PO Box 89169 Nuiqsut, Alaska 99789



APPLICATION FOR TRIBAL ENROLLMENT OF A MINOR

First & Last Name:	Date of Birth:
Mailing Address:	Social Security No:
Physical Address:	Phone #:
Is the applicant adopted? YES	NO
Village Corp. Name & ID #:	Regional Corp:
Ancestor on Base Roll Through Whom Enrollm	ent Rights are Claimed:
Name:	Relationship:
(family tree must be provided to show relationship to ap	
Degree of Blood:(Certificate of Indian Blood card must be attached)	
Are you a member of another Tribe? YES (A Request to Relinquish Form from other Tribe must be	NO IF YES, which Tribe?
The Native Village of Nuiqsut does not allow do upon receipt of proof of relinquishment is prov	ual enrollment. This application will be reviewed vided with the application.
	on provided through this application is true and tached the following documents (check all that
Birth Certificate or Baptismal Record Social Security Card	Certificate of Indian Blood (CIB) Adoption, and/or Name Change Legal docs and/or notorized Affidavit
Village or Regional Corporation ID Ca	rd Relinquishment Form/Transfer to Another Tribe
Other:	Other:
By signing below, I certify that I am the child's LEGAL GUARDIAN and have the authority to ap Nuiqsut.	parent (circle one): MOTHER FATHER oply for tribal membership with the Native Village of
Signature of Applicant	



*****	*********	*****	********
ENRO	LLMENT OFFICE USE ONLY		
	ment office received application on all the requirements:		(date). This application
	A. The application is complete with the following documents attached (please check all that apply):		
	Birth certificate or Baptismal reco	ord	Certificate of Indian Blood (CIB) Adoption and/or Name Change Legal docs and/or a notorized Affidavit
	Village or Regional Corporation II	O card	Relinquishment Form/Transfer to Another Tribe
	Other:	_	Other:
	The applicant is a descendant of base roll.		on Nuiqsut's
C.	I have contacted the other Tribe of		(identified on the
	relinquishment form) and, have confirm	ed the relinq	uishment request of
		will h	pe relinquished from the other Tribe on
	(applicant name)		,
	this day of		
	(date of relinquishment by oth	ner Tribe)	
Enroll	ment Office Signature	Date	
To be	reviewed by the Village Council on		(date).