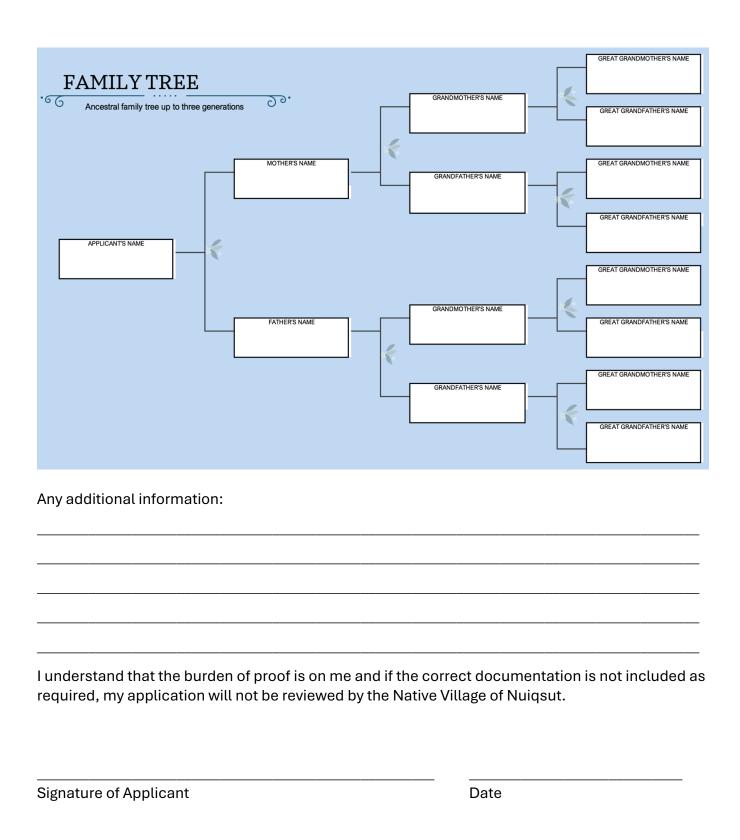
Native Village of Nuiqsut

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



APPLICATION FOR TRIBAL ENROLLMENT OF AN ADULT (18 YEARS AND OLDER)

First & Last Name:	Date of Birth:
Birth or Previous Name:	Social Security No:
Mailing Address:	Phone #:
Physical Address:	_ Email address:
Is the applicant adopted? YES NO	
Village Corp. Name & ID #: Re	egional Corp:
Ancestor on Base Roll Through Whom Enrollment Rights	s are Claimed:
ne: Relationship: ly tree must be provided to show relationship to applicant)	
Degree of Blood:(Certificate of Indian Blood card must be attached)	
Are you a member of another Tribe? YES NO (A Request to Relinquish Form from other Tribe must be attached)	IF YES, which Tribe?
The Native Village of Nuiqsut does not allow dual enrollr upon receipt of proof of relinquishment is provided with	• •
By signing below, I certify that all the information provide correct and to the best of my knowledge. I have attache apply):	
Birth Certificate or Baptismal Record Social Security Card	Certificate of Indian Blood (CIB) Adoption, Divorce Decree and/or Cert. of Name Change or Notorized Affidavit
Village or Regional Corporation ID Card	Relinquishment Form/Transfer to Another Tribe
Other:	Other:



	**************************************	******	***********	
	lment office received application on _s all the requirements:		(date). This application	
A.	The application is complete with the apply):	application is complete with the following documents attached (please check all that y):		
	Birth certificate or Baptisma Social Security Card	l record	Certificate of Indian Blood (CIB) Adoption and/or Name Change Legal docs and/or a notorized Affidavit	
	Village or Regional Corporati	ion ID card	Relinquishment Form/Transfer to Another Tribe	
	Other:		Other:	
В.	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 cor	nfirmed the relind	quishment request of	
	will be relinquished from the other Tribe on (applicant name)			
	this day of (date of relinquishment b	y other Tribe)		
Enrol	lment Office Signature	Date		
To be	reviewed by the Village Council on _		(date).	