

TRIBAL ENROLLMENT APPLICATION

All fields must be completed whether you're filing update or a new application.

Filing for:	<input type="checkbox"/> New Application OR <input type="checkbox"/> Update	
First and Middle Name:		Date of Birth:
Current Surname:		SSN Number:
Maiden Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Place:		Enrollment Number:
Phone Number:		Degree of Blood: /
Height/Weight:	/	Color Eye/Hair: /
Email Address:		
Physical Address:		
Mailing Address:		
City:	State:	Zip:
Do you want us to keep your e-mail and phone number confidential?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently reside on St. Paul?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how long?
Are you a shareholder of T.D.X.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Alaska Native or American Indian Descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Adopted?
Are you a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Voter?
What is your source to confirm Degree of Blood?		
Main Culture:	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Individual	
Spouse's/Partner/Widow's Name:		
Spouse's Status:	<input type="checkbox"/> Enrolled <input type="checkbox"/> Pending <input type="checkbox"/> Relinquished <input type="checkbox"/> Adopted <input type="checkbox"/> Terminated <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Inactive <input type="checkbox"/> Unknown	
Do you have a birth certificate on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the Tribal citizen has passed, is there a death certificate on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ENROLLED SIBLINGS		
Full Name:		<input type="checkbox"/> Blood Relation <input type="checkbox"/> Step <input type="checkbox"/> Half <input type="checkbox"/> Adopted <input type="checkbox"/> Unknown
Full Name:		<input type="checkbox"/> Blood Relation <input type="checkbox"/> Step <input type="checkbox"/> Half <input type="checkbox"/> Adopted <input type="checkbox"/> Unknown
Full Name:		<input type="checkbox"/> Blood Relation <input type="checkbox"/> Step <input type="checkbox"/> Half <input type="checkbox"/> Adopted <input type="checkbox"/> Unknown
Full Name:		<input type="checkbox"/> Blood Relation <input type="checkbox"/> Step <input type="checkbox"/> Half <input type="checkbox"/> Adopted <input type="checkbox"/> Unknown

SIBLINGS NOT ENROLLED

Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	

PARENTS

Mother		Father	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Enrollment Number:		Enrollment Number:	
Blood Degree		Blood Degree	
<input type="checkbox"/> Aleut: ____/____	<input type="checkbox"/> Alaskan Native: ____/____	<input type="checkbox"/> Aleut: ____/____	<input type="checkbox"/> Alaskan Native: ____/____
<input type="checkbox"/> American Indian: ____/____		<input type="checkbox"/> American Indian: ____/____	

SIGNATURES

<p>Check the box(es) indicating the relationship to the tribal citizen. The undersigned hereby certify that this form is made and filed by:</p> <p><input type="checkbox"/> Tribal Citizen/Applicant</p> <p><input type="checkbox"/> Parent(s) of Tribal Citizen/Applicant</p> <p><input type="checkbox"/> Recognized Guardian</p> <p><input type="checkbox"/> Next of Kin</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Executor or Administrator of Applicant's Estate</p>	<p>Check the following for the reason why Tribal Citizen does not file this form for him/herself:</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is a Minor</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is Mentally Incompetent</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is in the U.S. Armed Forces</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is deceased</p>
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The Person(s) Filing this Application for Enrollment:

- Understands that he/she has the burden of proof in establishing that the applicant meets all of the requirements for membership in the Aleut Community of St. Paul Island, and therefore he/she should fully answer all questions in this Application and should submit to the enrollment officer 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.
- Certifies that the statements and information provided in support of this Application are true in all respects.

Signature of Person Filing on behalf of Self	Date:
Signature of Person Filing on behalf of Tribal Citizen/Applicant	Date:

NOTE: Whenever possible both the natural Mother and Father of the applicant should sign on behalf of their minor child. Copies of SSN, Birth Certificates, Birth Record, Baptismal Records, or other proof of birth and parentage must be submitted with this application. Submit application and documents to: tribalenrollment@aleut.com.