

APPLICATION CHECK LIST

(Must be completed by applicants parent/legal guardian)

Note: this check list must be submitted along with the application to complete your file. (Incomplete applications will not be reviewed and processed until fully completed.)

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Check List

- Applicants original birth certificate is enclosed
- Marriage License or Paternity Statement is enclosed
- Certificate of Indian Blood of parent enrolled in another tribe, letter stating that applicant does not have application pending nor applicant is enrolled in said Tribe.
- Applicants family tree is filled out and enclosed.
- Blood Degree chart is enclosed
- Information such as dates and signatures of enrolled parent/legal guardian and other information required are complete.
- Pertient documents are all enclosed.

.....  
ACKNOWLEDGEMENT

**I certify that all required information is herewith enclosed and completed. I understand that all incomplete applications will not be processed.**

\_\_\_\_\_  
Parent or legal guardian  
Date: \_\_\_\_\_  
Phone # \_\_\_\_\_ Message # \_\_\_\_\_

.....  
**Enrollment office use only**

**I certify that the check list and application are  COMPLETE  INCOMPLETE**

**Enrollment Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

APPLICATION  
FOR  
CROW TRIBAL ENROLLMENT

Pursuant to Apsalooke Nation Constitution this application, with required information and evidence, must be submitted to the Crow Tribal Enrollment committee by the applicant's parent(s) who are enrolled members of the Crow Tribe.

NOTE: A CERTIFIED COPY OF CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY APPLICATION WHEN SUBMITTED.  
(A certificate of Indian Blood is required in the event a parent of the applicant is an enrolled member of another tribe, band, or group of Indians, unless applicant was born prior to July 10, 1976).

NAME OF APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City/State/Zip

SEX: MALE OR FEMALE SOCIAL SECURITY # \_\_\_\_\_  
(Circle one)

NOTE: IS THE APPLICANT ENROLLED IN ANOTHER TRIBE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHAT TRIBE AND AGENCY: \_\_\_\_\_

NATURAL PARENTS:

FATHER'S NAME: \_\_\_\_\_  
ID#: \_\_\_\_\_  
TRIBE: \_\_\_\_\_ (PLEASE PROVIDE CIB IF NOT AN ENROLLED CROW TRIBAL MEMBR).

MOTHER'S NAME: \_\_\_\_\_  
ID#: \_\_\_\_\_  
TRIBE: \_\_\_\_\_ (PLEASE PROVIDE CIB IF NOT AN ENROLLED CROW TRIBAL MEMBR).

MAILING ADDRESS: \_\_\_\_\_  
STREET OR BOX  
CITY/STATE/ZIP

I HEREBY CERTIFY THAT THE ABOVE AND ATTACHED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE DATE

ACTION TAKEN: ( ) INCOMPLETE ( ) TABLED ( ) APPROVED ( ) DISAPPROVED

\_\_\_\_\_  
ENROLLMENT DIRECTOR BIA REPRESENTATIVE

\_\_\_\_\_  
ENROLLMENT/PER-CAPITA STAFF ENROLLMENT/PER-CAPITA STAFF

COMMENTS: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_ OFFICE USE ONLY  
ISSUED ENROLLMENT: \_\_\_\_\_

DEGREE OF BLOOD: \_\_\_\_\_ FAMILY NUMBER: \_\_\_\_\_

ENROLLMENT NUMBER ISSUED BY: \_\_\_\_\_  
SIGNATURE OF CLERK

GREAT GRANDFATHER  
TRIBE:  
BLOOD DEGREE:

GRANDFATHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

GREAT GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:

FATHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

GREAT GRANDFATHER  
TRIBE:  
BLOOD DEGREE:

GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

GREAT GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:

APPLICANT

GREAT GRANDFATHER  
TRIBE:  
BLOOD DEGREE:

GRANDFATHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

GREAT GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:

MOTHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

GREAT GRANDFATHER  
TRIBE:  
BLOOD DEGREE:

I CERTIFY THAT THE BLOOD DEGREE'S SHOWN ARE  
ACCORDANCE WITH THE 1953 BASE ROLL.

Enrollment Clerk

GREAT GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:

GRANDMOTHER  
TRIBE:  
BLOOD DEGREE:  
DATE OF BIRTH:

