



**Suquamish Tribe**  
**Application for Enrollment**

To be completed by Enrollment Staff:

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

**Automatic Enrollment**

Name: \_\_\_\_\_  
First Middle Last Maiden

Other Names used: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ State: \_\_\_\_\_

Is the applicant an adopted child? Yes No

Is the applicant or the biological parents members of another tribe? Yes No

If yes, provide the Tribe name and enrollment number(s): \_\_\_\_\_

Is this a Federally Recognized Tribe? Yes No

Fathers Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Enrollment # \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Have you ever been dis-enrolled or relinquished from another tribe, if so why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required Documentation**

\_\_\_\_\_ State Birth Certificate (Original or Certificated Copy will be copied and returned)  
(Hospital Certificate not accepted as legal document)

\_\_\_\_\_ Copy of Social Security Card (Required Document)

\_\_\_\_\_ Family Tree Form – Attached (Please fill out to the best of your ability)

\_\_\_\_\_ DNA Test – Biological Parent(s) contributing Native Blood) – Will provide in office or schedule appointment.

My Relationship to applicant is: \_\_\_\_\_ Self  
\_\_\_\_\_ Parent  
\_\_\_\_\_ Guardian (provide legal document)

If you are not eligible under regular membership requirement, is application being made to be adopted into tribe?

Yes \_\_\_ No \_\_\_ Please note: One Quarter (1/4) Indian Blood Required under Adoption Regulations

Note: If you were born prior to the implementation of the Indian Child Welfare Act of 1978, were you involuntarily removed from the tribal community and adopted away from your biological family? If so, documentation will be required about relative identified on the 1942 Base Roll

I hereby declare that the information supplied in this application is correct to the best of my knowledge. I acknowledge that I am aware this application will be null and void if it is proven I have given false or fraudulent information and could result in disenrollment from the Suquamish Tribe.

Signatures of biological parent(s) or Legal Guardian(s) are required if under the age of 18. **All signatures must be notarized**

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Biological Mother \_\_\_\_\_ Date \_\_\_\_\_  
Biological Father \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Printed Name

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_\_

Father

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Grandfather

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandfather

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandmother

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandfather

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandmother

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Applicant

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grandmother

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandfather

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Grandfather

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandmother

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Mother

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Grandmother

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandfather

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Great Grandmother

Name: \_\_\_\_\_

Tribe: \_\_\_\_\_