

Suquamish Tribe

To be completed by Enrollment Staff:

Date Received _____

Application for Enrollment

Received by _____

Automatic Enrollment

Name:	Middle		Last		Maiden
Other Names used:					
Street Address:					
Mailing Address:					
Email Address:					
Phone W	ork		Cell		
Social Security Number:			Gender:	Male	Female
Date of Birth:		Place o	f Birth:		
Hospital Name:			Stat	e:	
Is the applicant an adopted child? Ye	s Nc)			
Is the applicant or the biological parents m	embers of anoth	er tribe?	Yes	N	0
If yes, provide the Tribe name and enrollm	ent number(s):				
Is this a Federally Recognized Tribe?	Yes	No			
Fathers Name:	Date of bi	rth:		Enrollme	ent #
Phone #:	Address:				
Mothers Name:	Date of B	irth:		Enrollme	ent #:
Phone #:	Address:				
Have you ever been dis-enrolled or relinqu	ished from anot	her tribe, if so	o why?		
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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 yourability)					
DNA Test – Biological Parent(s) contributing Native Blood) – Will provide in office or schedule appointment.					
My Relationship to applicant is:Self Parent Guardian (provide leg	al document)				
If you are not eligible under regular membership requireme	ent, 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 applied acknowledge that I am aware this application will be null fraudulent information and could result in disenrollment Signatures of biological parent(s) or Legal Guardian(s) are required notarized	and void if it is proven I have given false or from the Suquamish Tribe.				
Applicant Signature	Data				
Applicant Signature Biological Mother Signature	_ Date _ Date				
Biological Father Signature					
Legal Guardian Signature					
Legal Guardian Signature	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:				
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		Great Grandfather
		Name:
		DOB:
	Grandfather	Tribe:
	Name:	
	DOB:	
	Tribe:	Great Grandmother
		Name:
Applicants Father		DOB:
Name:		Tribe:
DOB:		
Tribe:		Great Grandfather
		Name:
	Grandmother	DOB:
	Name:	
	DOB:	
	Tribe:	Great Grandmother
		Name:
		DOB:
		Tribe:
Applicant		
Newser		
Name:		
DOB:		
		Great Grandfather
	Grandfather	Name:
	Name:	DOB:
	DOB:	Tribe:
	Tribe:	
		Great Grandmother
		Name:
Applicants Mother (Maid	en Name)	DOB:
		Tribe:
Name:		
DOB:		
Tribe:		
		Great Grandfather
		Name:
		DOB:
	Grandmother	Tribe:
	Name:	
	DOB:	
	Tribe:	Great Grandmother
		Name:
		DOB:
		Tribe:
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