

Suquamish Tribe Application for Enrollment

To be completed by Enrollment Staff:
Date Received
Received by

First Generation Descendant

Middle			Last		Maiden
		Gender	:	Male	Female
Work			Cell		
	Place	of Birth:			
			State:_		
Yes No					
ts members of anothe	er tribe?		Yes	N	0
ollment number(s):					
Yes	No				
Date of bir	th:			_ Enrollme	ent #
Address: _					
Date of Bi	rth:			_ Enrollme	ent #:
Address: _					
inquished from anoth	er tribe, if	so why? _			
	Work Yes No ts members of anothe ollment number(s): Yes Date of bir Address: Date of Bir Address: inquished from anoth	Work Place Yes No ts members of another tribe? ollment number(s): Yes No Date of birth: Address: Date of Birth: Address: inquished from another tribe, if	Middle Gender Work Place of Birth: Yes No ts members of another tribe? ollment number(s): Yes No Date of birth: Address: Date of Birth: Address: inquished from another tribe, if so why?	Middle Last Gender: Work Cell Place of Birth: Yes No ts members of another tribe? Yes ollment number(s): Yes No Date of birth: Address: Date of Birth: Address: inquished from another tribe, if so why?	Middle Last Gender: Male Work Cell Place of Birth: State: Yes No ts members of another tribe? Yes N ollment number(s):

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 (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:SelfParentGuardian (provide legal	l document)						
If you are not eligible under regular membership requireme	nt, 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 appli acknowledge that I am aware this application will be null a fraudulent information and could result in disenrollment f Signatures of biological parent(s) or Legal Guardian(s) are requi notarized	nd void if it is proven I have given false or rom the Suquamish Tribe.						
Applicant Signature_	Date						
Biological Mother Signature							
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:						

			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:	Tribe:
		DOB:	
		Tribe:	Great Grandmother
			Name:
			DOB:
Applicant			Tribe:
Аррпсанс			Tribe.
Name:			
DOD			
DOB:			
			Great Grandfather
			Name:
		Grandfather	DOB:
		Name:	Tribe:
		DOB:	
		Tribe:	
			Great Grandmother
			Name:
			DOB:
	Applicants Mother (Maiden N	Jame)	Tribe:
	Name:	•	
	DOB:		
	Tribe:		
			Great Grandfather
			Name:
		Grandmathar	DOB:
		Grandmother	Tribe:
		Name:	
		DOB:	
		Tribe:	Great Grandmother
			Name:
			DOB:
			Tribe: