



Suquamish Tribe
Application for Enrollment

To be completed by Enrollment Staff:

Date Received _____

Received by _____

First Generation Descendant

Name: _____
First Middle Last Maiden

Other Names used: _____

Social Security Number: _____ Gender: Male Female

Full Street Address: _____
Address City State Zip

Full Mailing Address: _____
Address City State Zip

Email Address: _____

Phone _____ Work _____ Cell _____

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 (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: _____ 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 Signature _____ Date _____
Biological Mother Signature _____ Date _____
Biological Father Signature _____ Date _____
Legal Guardian Signature _____ Date _____
Legal Guardian Signature _____ Date _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

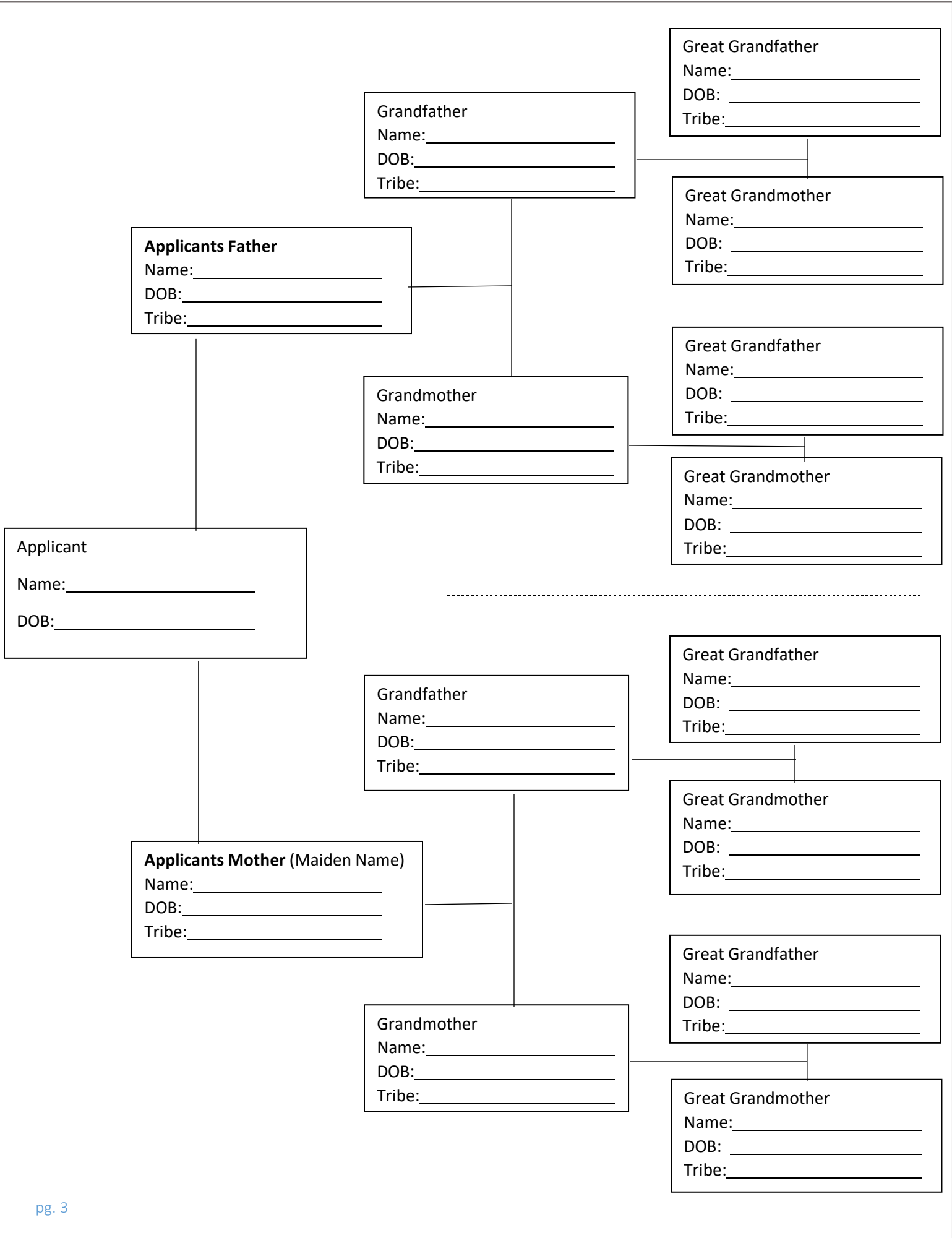
(SEAL)

Notary Signature

Notary Printed Name

Notary Public in and for the State of _____

My appointment expires: _____



Great Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandmother
 Name: _____
 DOB: _____
 Tribe: _____

Applicants Father
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Grandmother
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandmother
 Name: _____
 DOB: _____
 Tribe: _____

Applicant
 Name: _____
 DOB: _____

Great Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandmother
 Name: _____
 DOB: _____
 Tribe: _____

Applicants Mother (Maiden Name)
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandfather
 Name: _____
 DOB: _____
 Tribe: _____

Grandmother
 Name: _____
 DOB: _____
 Tribe: _____

Great Grandmother
 Name: _____
 DOB: _____
 Tribe: _____