

Tribal Enrollment Checklist:

C	ompleted Enrollment Application
C	ompleted Family History
C	opy of Original Certified Birth Certificate, showing biological parents(s
С	opy of Driver's License or Photo ID card (if applicable)
О	ther Tribal Enrollment Card/CIB (if applicable)

Please use this checklist for your Tribal Enrollment Application; this will speed up your enrollment process and ensure that all supporting documents are included.

If you have any questions regarding Tribal Enrollment, please contact the YTT Main Offices at (907) 784-3238.

Gunalchéesh,

Yakutat Tlingit Tribal Enrollment



Yakutat Tlingit Tribe P.O. Box 418

Yakutat, AK 99689 Phone: (907) 784-3238 Fax: (907) 784-3595

APPLICATION FOR ENROLLMENT

and convert the applicant's hirth certificate, showing highgrical parent(s), must

State Certified Original copy of the applicant's birth certificate, showing biological parent(s), must accompany this application. If applicant is adopted please enclose adoption decree. All originals will be returned. You must complete front and back pages of this application.

Full Name:				
First	middle		Last	
Other names used:				
Tlingit Name (if known)	:			
Mailing Address:	P.O. Box or Street Address			
	City,	State,	Zip	
Home Number:		Other Number:		
Date of Birth:		Place of Birth:		
Sex: () Male () Fer	nale So	cial Security Number		
Is the Applicant Adopte	ed? () Yes () No If yes, plo	ease include adoption dec	ree.	
			(If known) ise list	
Please list the Base Ro	Member(s) that applicant is	a descendant of (ex	. Great Grandfather/mother):	
Name as listed on Base	e Roll	Name as listed on Base Roll		
Tlingit Blood Quantum	claimed:	Other Blood Claimed:		
Application filled out by	y:() Parent() Self() Oth	er		
If other, please print n	ame and relationship to appli	icant:		
I hereby certify that Tribe are TRUE to th	t all statements given for ne best of my knowledge.	the purpose of en	rollment in the Yakutat Tlingit	
Signature/Date:				

NOTICE: IF ANY STATEMENT ARE PROVEN TO BE MISLEADING OR FALSE, PENALTIES MAY INCLUDE: DELAY, DISENROLLMENT, OR CRIMINAL/CIVIL CHARGES FILED AGAINST THE PROVIDER. ALL ENROLLMENT INFORMATION IS KEPT CONFIDENTIAL.

Clan Spelling: Tei<u>k</u>weidí, L'ukna<u>x</u>.ádi, <u>G</u>alyá<u>x</u> Kaagwaantaan, Kwaashk'kwáan, Shunkukeidí

Please indicated if parent is Non-Native or if parent(s) is not the Natural Parent(s).

Mother: Clan: Mother: Mother: Father: Clan: Father: Mother: Father: Clan: Father: Clan: Clan: Clan: Clan: Clan Mother: Mother: Father: Father: Clan: Clan: Clan: Clan: Brother/Sister: **Brother/Sister** Birth Place: Birth Place: Mother: Father: DOB: Clan: Clan: DOB: Brother/Sister: Applicant Clan: _

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