



## McGrath Native Village TRIBAL ENROLLMENT APPLICATION

Date Application Received by MNVC: \_\_\_\_\_

Date of Approval by Tribal Council: \_\_\_\_\_

Enrollment Resolution Number: \_\_\_\_\_

### SECTION A – APPLICANT INFORMATION

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

*Last Name*

*First Name*

*Middle Name*

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

Nickname(s): \_\_\_\_\_

Other Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

*If applicant is not eligible for enrollment by lineal descent, adopted members must provide evidence of residency in McGrath, AK a minimum of 3 years immediately prior to application.*

Current Residence: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Move in date: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Sex ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Home Phone #: \_\_\_\_\_ Work or Message #: \_\_\_\_\_

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

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**SECTION B ENROLLMENT INFORMATION**  
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Degree of Native Blood Claimed: \_\_\_\_\_

Athabascan      Other (Specify)      TOTAL

Which tribe(s) is the applicant a lineal descendent of? \_\_\_\_\_

Is the applicant enrolled into another tribe(s)?   ☐ Yes   ☐ No   ☐ Not Sure

Which tribe(s) is applicant enrolled in: \_\_\_\_\_

*If applicant is currently enrolled into another tribe, they may be required to relinquish their membership if the tribe(s) do not allow dual enrollment. Proof of relinquishment will be required prior to approval if the other tribe does not allow dual enrollment.*

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**SECTION C – BIRTH PARENT INFORMATION**  
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Birth Mother's Name: \_\_\_\_\_

Maiden or Other Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribe Enrolled: \_\_\_\_\_

What is the applicant's birth order number (live births): \_\_\_\_\_

Birth Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribe Enrolled: \_\_\_\_\_

What is the applicant's birth order number (live births): \_\_\_\_\_

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**SECTION D – ADOPTION INFORMATION (If applicable)**  
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List the individual(s) who is adopted: \_\_\_\_\_

Adoptive Mother's Name: \_\_\_\_\_

Adoptive Father's Name: \_\_\_\_\_

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**SECTION E – DOCUMENTS**  
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**PLEASE PROVIDE ALL THE DOCUMENTS LISTED BELOW**

- 1. The Attached Family Tree**
- 2. Authentic Birth Certificate (if adopted please include both pre and post adoption birth certificates)**  
*We require an authentic, certified birth certificate containing an official seal. We cannot accept scans, faxes, photographs, or copies of the birth certificate, it must be the original. We will certify a copy for your file and return the original.*
- 3. Adoption / Guardianship Documents (if applicable)**
- 4. Copy of Social Security Card**
- 5. Copy of State ID**
- 6. Copy of Certificate of Indian Blood or Proof of Native Parents Lineage & Blood Quantum.** *If you do not have your own CDIB/BIA card you may submit your native parent(s) CDIB/BIA card, tribal enrollment card, or enrollment verification letter. For those with two native parents, both must be provided to calculate the blood quantum correctly.*
- 7. If not a lineal decent, evidence of residency for the applicant must be provided according to constitutional adoption rules. Applicant(s) must live in McGrath a minimum of 3 years prior to application.**

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**SECTION F – RELEASE OF INFORMATION**  
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**I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause for disenrollment. I also authorize the release of information to any organization for the purpose of processing this application.**

\_\_\_\_\_  
**Signature (if minor, parent/guardian must sign)    Date**

