



2050 VENIA MINOR ROAD
 PO BOX 86
 ST. PAUL ISLAND, ALASKA 99660

Tribal Enrollment

All fields must be completed whether you're filing for an update form or an application.

Are you filing for an:	<input type="checkbox"/> Application		OR	<input type="checkbox"/> Update Form			
First and Middle Name:			Date of Birth:				
Current Surname:			SSN Number:				
Maiden Name:			Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Birth Place:			Enrollment Number:				
Phone Number:			Degree of Blood:	/			
Height/Weight:	/		Color Eye/Hair:	/			
Email Address:							
Physical Address:							
Mailing Address:							
City:		State:		Zip:			
Do you want us to keep your e-mail and phone number confidential?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently reside on St. Paul?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how long?				
Are you a shareholder of T.D.X.?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you Alaska Native or American Indian Descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Registered Voter?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your source to confirm Degree of Blood?							
Main Culture:	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other						
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Individual						
Spouse's/Partner/Widow's Name:							
Spouse's Status:	<input type="checkbox"/> Enrolled <input type="checkbox"/> Pending <input type="checkbox"/> Relinquished <input type="checkbox"/> Adopted <input type="checkbox"/> Terminated <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Inactive <input type="checkbox"/> Unknown						
Do you have a birth certificate on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If the Tribal citizen has passed, is there a death certificate on file?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sibling Information							
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Siblings Not Enrolled							

Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	
MOTHER		FATHER	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Enrollment Number:		Enrollment Number:	
Blood Degree		Blood Degree	
<input type="checkbox"/> Aleut: ___/___	<input type="checkbox"/> Alaskan Native: ___/___	<input type="checkbox"/> Aleut: ___/___	<input type="checkbox"/> Alaskan Native: ___/___
<input type="checkbox"/> American Indian: ___/___		<input type="checkbox"/> American Indian: ___/___	
Signatures			
<p>Check the box(es) indicating the relationship to the tribal citizen. The undersigned hereby certify that this form is made and filed by:</p> <p><input type="checkbox"/> Tribal Citizen/Applicant</p> <p><input type="checkbox"/> Parent(s) of Tribal Citizen/Applicant</p> <p><input type="checkbox"/> Recognized Guardian</p> <p><input type="checkbox"/> Next of Kin</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Executor or Administrator of Applicant's Estate</p>		<p>Check the following for the reason why Tribal Citizen does not file this form for him/herself:</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is a Minor</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is Mentally Incompetent</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is in the U.S. Armed Forces</p> <p><input type="checkbox"/> Tribal Citizen/Applicant is deceased</p>	
<p>The Person(s) Filing this Application for Enrollment:</p> <ol style="list-style-type: none"> 1. Understands that he or she has the burden of proof in establishing that the applicant meets all of the, Alaskan Native Tribe requirements for membership in the Aleut Community of St. Paul Island, and therefore he or she should fully answer all questions in this Application and should submit to the enrollment officer all documents or other available information to support this Application. Additional information in support of this Application may be set forth on a signed separate sheet of paper and attached to this Application. 2. Certifies that the statements and information provided in support of this Application are true in all respects. 			
Signature of Person Filing on behalf of Self			Date:
Signature of Person Filing on behalf of Tribal Citizen/Applicant			Date:
<p>NOTE: Whenever possible both the natural Mother and Father of the applicant should sign on behalf of their minor child. Copies of SSN, Birth Certificates, Birth Record, Baptismal Records, or other proof of birth and parentage must be submitted with this application. The Aleut Community of St. Paul Island-Tribal Council's decision of approval or denial is final.</p>			