



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:			
Last Name:		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 currently reside on St. Paul?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how long?	
Are you Alaska Native or American Indian Descent?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a minor?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Adopted?	
				<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"/> Unknown			
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	
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"/> American Indian: ___ / ___				<input type="checkbox"/> American Indian: ___ / ___	

Signatures

Check the box(es) indicating the relationship to the tribal citizen. The undersigned hereby certify that this form is made and filed by:

- Tribal Citizen/Applicant
- Parent(s) of Tribal Citizen/Applicant
- Recognized Guardian
- Next of Kin
- Spouse

Check the following for the reason why Tribal Citizen does not file this form for him/herself:

- Tribal Citizen/Applicant is a Minor
- Tribal Citizen/Applicant is Mentally Incompetent
- Tribal Citizen/Applicant is in the U.S. Armed Forces

The Person(s) Filing this Application for Enrollment:

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:

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.