

TRIBAL ENROLLMENT APPLICATION INSTRUCTIONS

APPLICATION PACKAGE (REQUIRED DOCUMENTS):

- Completed Tribal Enrollment Application ~ Please print clearly or complete the fillable PDF form
- □ Copy of certified birth certificate for the applicant
- Copy of certified birth certificate for the parent(s) of the applicant, if the applicant's parent(s) is not enrolled, but eligible— this is to prove lineal descent
- Copy of marriage certificate or related legal document if the applicant's name does not match the name on the birth certificate
- If the applicant is adopted, copies of the adoption decree and both the pre-adoptive and amended birth certificates
- If application is being made to be adopted as a new member into the tribe, copy of Certificate of Degree of Indian Blood

If the applicant does not possess the required documents and cannot, under any circumstances, obtain them, please call or email our office before submitting the application.

FAMILY TREE Please fill out as much as possible— using full names, including maiden and other names, and dates of birth for the applicant's parents, grandparents, and great grandparents. This information is important for determining eligibility through lineal descendancy.

APPLICANT SIGNATURE Applicants 18 years of age and older must sign the application. Parents or legal guardians (court guardianship documents required) may sign applications on behalf of minor children.

SUBMITTING APPLICATIONS Completed applications can be submitted by mail, email, or in person to Aleut Community of St. Paul Island, ATTN: Tribal Enrollment.

Mail: PO Box 86, St. Paul Island, AK 99660
Email: <u>tribalenrollment@aleut.com</u>
Hand Delivery: 2050 Venia Minor Rd (St. Paul) or 4720 Business Park Blvd, Suite G-42 (Anchorage)

The enrollment process can take up to three months once a completed application is received. Completed applications are reviewed by the Enrollment Committee and then forwarded to the Tribal Council for their approval at regularly scheduled meetings. Applicants will be notified in writing of the Tribal Council's decision.



Date Received:	

TRIBAL ENROLLMENT APPLICATION

APPLICANT INFORMATION

Full Legal Name:			Suffix	«:
Maiden Name:	Other Name:			
Date of Birth:	Social Security Number:	Gender:	Male	Female
Mailing Address:	City:	State:	Zip: _	
Physical Address:	City:	State:	Zip: _	
Phone Number:	Email Address:			
ENROLLMENT INFOR	MATION			

Is the applicant a lineal descendant of an Aleut Community of St. Paul Island member? Yes	No
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Is the applicant enrolled in another federally recognized tribe?	Yes No Note: Dual enrollment is prohibited
for adults 18 years of age and older, except to the Pribilof Isla	ands Aleut Communities of St. Paul and St. George
Islands	

If ves.	name	of tribe:

Degree of native blood claimed:	Aleut:	_/	Alaska Native:	/	American Indian:	/
s the applicant adopted? Y	′es	No				

If the applicar	nt is not au	tomatically eligil	ble through lineal descendancy, is application being made to be adopted into	
the tribe?	Yes	No	Note: St. Paul residency and Alaska Native/American Indian descent	
requirements for adoption into tribe.				

BIRTH PARENT INFORMATION

Birth Mother's Name:		Maiden Name:
Date of Birth:	Tribe Enrolled in:	
Birth Father's Name:		Other Name:
Date of Birth:	Tribe Enrolled in:	

APPLICATION CHECKLIST

Please attach the following:

- □ Copy of certified birth certificate(s)
- □ Copy of marriage certificate or related legal document, if applicable
- \square Copies of adoption decree and both pre-adoptive and amended birth certificates, if applicable
- □ Copy of Certificate of Degree of Indian Blood, if applicable

Page 1 of 3



APPLICATION FILED BY:

Self/Applicant	*Parent	*Legal Guardian	*Sponsor	(*Please complete below)
Name of Person Filing	Application:			
Mailing Address:				
Relationship to Applica	nt:			

SIGNATURE

I certify that the information provided in this application are true to the best of my knowledge.

Signature of Applicant (or Parent/Guardian or Sponsor)

RELEASE OF INFORMATION

I authorize the release of my records pertaining to tribal enrollment and/or contact information to the following entities described below.

Please initial:

- _____ ACSPI programs, such as personal and family services, education and training, scholarships, tribal court, etc.
- _____ Educational programs like Alaska Native Education, institutions of Higher Education, financial aid, etc.
- _____ A medical facility (e.g., ANMC) that needs enrollment verification for medical treatment.
- _____ An ANCSA Corporation (e.g., The Aleut Corporation) to discuss a possible inheritance.
- _____ Other enrollment departments of Indigenous tribes to assist in calculating blood quantum and enrollment.

Signature of Applicant (or Parent/Guardian or Sponsor)

Date

Date

Action by Tribal Council				
\Box Approved	Resolution Number:	_Resolution Date:		
	Enrollment Number:	_Entered By:		
□ Denied	Reason for Denial:			

FAMILY TREE

