



## **Three Affiliated Tribes**

Tribal Enrollment Department

P.O. Box 100

New Town, ND 58763

Phone: (701) 627-4238

Fax: (701) 627-4252

### **APPLICATION FOR ENROLLMENT**

#### **APPLICANT**

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

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\_\_\_\_\_

Is Applicant Adopted:    Yes    No

Is Applicant an enrolled member of another Tribe?    Yes    No

If Yes, which Tribe? \_\_\_\_\_

**MOTHER OF APPLICANT**

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\_\_\_\_\_

Tribe Enrolled with: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

*If enrolled with a tribe other than the Three Affiliated Tribes, attach Certificate of Indian Blood from the tribe enrolled with.*

**FATHER OF APPLICANT**

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\_\_\_\_\_

Tribe Enrolled with: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

*If enrolled with a tribe other than the Three Affiliated Tribes, attach Certificate of Indian Blood from the tribe enrolled with.*

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Application submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

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**INSTRUCTIONS**

1. Complete application form
2. Attach original State-Certified Birth Certificate of the applicant
3. Enclose \$10.00 Money Order (no cash or checks) made payable to TAT Enrollment with application
4. Complete family tree chart to the best of your knowledge
5. Upon completion, mail documents to: **Tribal Enrollment Department  
Three Affiliated Tribes  
P.O. Box 100  
New Town, ND 58763**