



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

Three Affiliated Tribes Membership Application Instructions

1. Fill Out, Print, Sign and Send Completed Application to **Tribal Enrollment Department** PO Box 100 New Town, ND 58763. Remember to include the following documents with the application:
2. **Original State Certified Birth Certificate** – Photocopies and Hospital Certificates/Records, Baptismal Records will **NOT** be accepted. Tribal Enrollment retains all original documentation pursuant to the Enrollment Ordinance of the Three Affiliated Tribes. Birth Records will **NOT** be returned.
3. **Social Security Card** – Photocopy of Original Card. Receipts or written number **NOT** accepted.
4. **\$10.00 Money Order Application Fee** Payable to **TAT Tribal Enrollment**–Cash/Check **NOT** accepted.
5. **Family Tree** – Filled out to the best of the applicant/parent/custodian knowledge
6. **Verification of Non-Enrollment (if applicable)** – If either parent is a member of a tribe other than the Three Affiliated Tribes, a written letter will be required from the other Tribe's membership office stating the applicant is not enrolled nor has applied for enrollment.
7. **Certificate of Indian Blood (if applicable)** – If either parent is a member of a tribe other than the Three Affiliated Tribes their Certificate of Indian Blood from their membership office is required with the application. Tribal ID Cards/BIA 4432 are **NOT** acceptable.
8. **Court Order(s) (if applicable)** – Any court order(s) pertaining to name changes, adoptions, custody must be attached. Notarized Custody Agreements are **NOT** accepted it must be court issued and signed by a Judge of Applicable Jurisdiction.
9. **Burden of Proof** – The Burden of Proof is always on the applicant/parent/custodian to provide the documentation to the Office of Tribal Enrollment
10. **Applicants UNDER age 18** – Both parents must sign the membership application. Exceptions may be made provided a custody order is attached stating only one parent has custody. In the case neither parent has custody the legal custodian/guardian must sign the application.
11. **Applicants OVER age 18** – must sign and submit their own application/documents.
12. **Incomplete** applications will be returned. Enrollment does **NOT** accept faxed or emailed applications.

FOR OFFICE USE ONLY

State Certified Birth Certificate	_____ Yes	_____ No	
Social Security Card Copy	_____ Yes	_____ No	
\$10.00 Money Order	_____ Yes	_____ No	
Verification of Non-Enrollment	_____ Yes	_____ No	_____ N/A
Parent Certificate of Indian Blood	_____ Yes	_____ No	_____ N/A
Court Order(s)	_____ Yes	_____ No	_____ N/A

Applicant's Name: _____

Application #: _____

Date Received: _____

Processed By: _____

Enrollment Date: _____ **Resolution Number:** _____

APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____

Gender: _____ Date of Birth (MMDDYYYY): _____ Social Security No: _____

City of Birth: _____ Name of Hospital: _____

Applicant's MAILING Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's PHYSICAL Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: Single Married Divorced Widowed

Has the applicant ever been adopted? Yes No

Has the applicant **EVER** been an enrolled member of **ANY** Indian Tribe? Yes No

If yes, which Tribe? _____ Blood Degree: _____

If enrolled with a Tribe other than the Three Affiliated Tribes, attach a Certificate of Indian Blood (CIB) from the Tribe Enrolled with.

BIOLOGICAL MOTHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____

Date of Birth (MMDDYYYY): _____ Social Security No: _____

City of Birth: _____ Name of Hospital: _____

Mother's MAILING Address: _____

City: _____ State: _____ Zip Code: _____

Mother's PHYSICAL Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: Single Married Divorced Widowed

Tribe(s) currently enrolled with: _____

Blood Degree: _____

If enrolled with a Tribe other than the Three Affiliated Tribes, attach a Certificate of Indian Blood (CIB) from the Tribe Enrolled with.

BIOLOGICAL FATHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____

Date of Birth (MMDDYYYY): _____ Social Security No: _____

City of Birth: _____ Name of Hospital: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical/911 Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: Single Married Divorced Widowed

Tribe(s) currently enrolled with: _____

Blood Degree: _____

If enrolled with a Tribe other than the Three Affiliated Tribes, attach a Certificate of Indian Blood (CIB) from the Tribe Enrolled with.

Three Affiliated Tribes Tribal Enrollment Department

Family Tree Chart for: _____



Three Affiliated Tribes
Tribal Enrollment Department
PO Box 100
New Town, ND 58763

			Great Grandfather	Great Great-Grandfather
				Great Great-Grandmother
		Grandfather	Tribe & Degree	
				Great Great-Grandfather
		Tribe & Degree	Great Grandmother	Great Great-Grandmother
	Father	Tribe & Degree	Tribe & Degree	
	Tribe & Degree		Great Grandfather	Great Great-Grandfather
				Great Great-Grandmother
	Tribe & Degree	Grandmother	Tribe & Degree	
	Tribe & Degree	Tribe & Degree	Great Grandmother	Great Great-Grandfather
				Great Great-Grandmother
Applicant/Degree		Tribe & Degree	Tribe & Degree	
Tribe & Degree			Great Grandfather	Great Great-Grandfather
				Great Great-Grandmother
Tribe & Degree		Grandfather	Tribe & Degree	
				Great Great-Grandfather
Tribe & Degree		Tribe & Degree	Great Grandmother	Great Great-Grandmother
	Mother	Tribe & Degree	Tribe & Degree	
	Tribe & Degree		Great Grandfather	Great Great-Grandfather
				Great Great-Grandmother
Tribe & Degree		Grandmother	Tribe & Degree	
	Tribe & Degree	Tribe & Degree	Great Grandmother	Great Great-Grandfather
				Great Great-Grandmother
		Tribe & Degree	Tribe & Degree	

Signature Page

I, the undersigned, do declare under penalty of perjury that all statements contained in this membership application and any/all accompanying documents are true and correct, with full knowledge that any/all statements made herein are subject to investigation and that any false or dishonest answer(s) may be grounds for denial or subsequent disenrollment from the Three Affiliated Tribes pursuant to the Enrollment Ordinance of the Three Affiliated Tribes. **This page must be notarized to be accepted.**

Mother/Legal Guardian Printed Name

State of: _____
County of: _____

Mother/Legal Guardian Signature

Subscribed and sworn to before me this ____ day
of _____, 20 _____

____/____/_____
Date

My commission expires: ____/____/_____
Notary Public: _____

(SEAL)

Father/Legal Guardian Printed Name

State of: _____
County of: _____

Father/Legal Guardian Signature

Subscribed and sworn to before me this ____ day
of _____, 20 _____

____/____/_____
Date

My commission expires: ____/____/_____
Notary Public: _____

(SEAL)

Applicants OVER Age 18

Printed Name

State of: _____
County of: _____

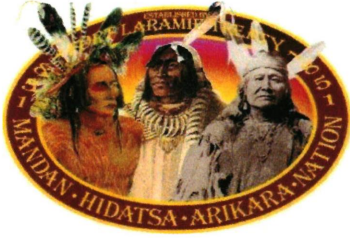
Signature

Subscribed and sworn to before me this ____ day
of _____, 20 _____

____/____/_____
Date

My commission expires: ____/____/_____
Notary Public: _____

(SEAL)



Three Affiliated Tribes
Mandan, Hidatsa and Arikara Nation

Office of Tribal Enrollment

P.O. Box 100

New Town, ND 58763

Phone: (701) 627-4238

Fax: (701) 627-4252

Verification of Non-Enrollment/Dual Enrollment Request

Individual Name:	DOB:
Tribe(s):	
Mothers Name:	DOB:
Tribe:	Enrollment #:
Fathers Name:	DOB:
Tribe:	Enrollment #:

***Notes:**

Enrollment Officer please answer the following and return to our office at your earliest convenience.

- | | | | |
|--|-----------|----------|----------|
| 1. Is the above listed <u>applicant</u> a member of your tribe? | YES _____ | NO _____ | |
| 2. Has the above listed <u>applicant</u> filed an application with your tribe? | YES _____ | NO _____ | |
| 3. Has the above listed <u>applicant</u> been relinquished from your tribe? | YES _____ | NO _____ | NA _____ |
| 4. Has the above listed <u>applicant</u> ever received any benefits in the form of land or payments from your tribe? | YES _____ | NO _____ | NA _____ |
| 5. Is the above listed applicant's <u>Mother</u> a member of your tribe? | YES _____ | NO _____ | |
| 6. Is the above listed applicant's <u>Father</u> a member of your tribe? | YES _____ | NO _____ | |

Certified on behalf of the: _____

Tribe Name

Name: _____

Signature

Printed Name

Title: _____ Date: ____/____/____

When completed please return by one of the following methods:

Fax Number: (701) 627-4252

Mailing Address:

Tribal Enrollment

P.O. Box 100

New Town, ND 58763

Email Address: enrollment@mhanation.com

*****If applicable, please send the CDIB/CIB of any the above listed individual(s) whom are members of your tribe to the mailing address OR fax number OR email address listed above.*****
