



**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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Social Security Card Copy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
\$10.00 Money Order	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Verification of Non-Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A
Parent Certificate of Indian Blood	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A
Court Order(s)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> 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

			<b>Great Grandfather</b>	<b>Great Great-Grandfather</b>
				<b>Great Great-Grandmother</b>
		<b>Grandfather</b>	Tribe & Degree	<b>Great Great-Grandfather</b>
		Tribe & Degree	<b>Great Grandmother</b>	<b>Great Great-Grandmother</b>
	<b>Father</b>	Tribe & Degree	Tribe & Degree	
	Tribe & Degree		<b>Great Grandfather</b>	<b>Great Great-Grandfather</b>
	Tribe & Degree	<b>Grandmother</b>	Tribe & Degree	<b>Great Great-Grandmother</b>
	Tribe & Degree	Tribe & Degree	<b>Great Grandmother</b>	<b>Great Great-Grandfather</b>
<b>Applicant/Degree</b>		Tribe & Degree	Tribe & Degree	<b>Great Great-Grandmother</b>
Tribe & Degree			<b>Great Grandfather</b>	<b>Great Great-Grandfather</b>
Tribe & Degree				<b>Great Great-Grandmother</b>
Tribe & Degree		<b>Grandfather</b>	Tribe & Degree	<b>Great Great-Grandfather</b>
Tribe & Degree		Tribe & Degree	<b>Great Grandmother</b>	<b>Great Great-Grandmother</b>
	<b>Mother</b>	Tribe & Degree	Tribe & Degree	
Tribe & Degree	Tribe & Degree		<b>Great Grandfather</b>	<b>Great Great-Grandfather</b>
Tribe & Degree		<b>Grandmother</b>	Tribe & Degree	<b>Great Great-Grandmother</b>
Tribe & Degree	Tribe & Degree	Tribe & Degree	<b>Great Grandmother</b>	<b>Great Great-Grandfather</b>
		Tribe & Degree	Tribe & Degree	<b>Great Great-Grandmother</b>

## 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: \_\_\_\_\_

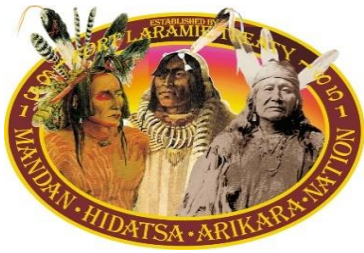
\_\_\_\_\_  
Signature

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**

<b>Individual Name:</b>	<b>DOB:</b>
<b>Tribe(s):</b>	
<b>Mothers Name:</b>	<b>DOB:</b>
<b>Tribe:</b>	<b>Enrollment #:</b>
<b>Fathers Name:</b>	<b>DOB:</b>
<b>Tribe:</b>	<b>Enrollment #:</b>

**\*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: \_\_\_\_\_

Name: _____	<i>Tribe Name</i>
<i>Signature</i>	<i>Printed Name</i>
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.\*\*\***  
 \*\*\*\*\*