



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: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical/911 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: _____

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.

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

*****MUST BE SIGNED AND DATED TO BE ACCEPTED*****

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

Applicants UNDER age 18

BOTH Parents must sign unless only one has custody. If Custody Order exists it must be attached to the application.

_____	_____
Biological Mother Printed Name	Biological Father Printed Name
_____	_____
Biological Mother Signature	Biological Father Signature
_____	_____
Date	Date

Applicants UNDER age 18 with Legal Guardian/Custodian

Custody/Guardianship Court Order must be attached.

_____	_____
Legal Guardian Printed Name	Legal Guardian Printed Name
_____	_____
Legal Guardian Signature	Legal Guardian Signature
_____	_____
Date	Date

Applicants OVER age 18

Applicant Printed Name

Applicant Signature

Date