

# Native Village of Paimiut

To honor our ancestors, our lands and bring hope to future generations.

PO Box 240084  
Anchorage, AK 99524

Office: 907-561-0304  
Fax: 907-561-0305

## Enrollment Application

PLEASE PRINT CLEARLY

Applicant's FULL Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Native or Other Names: \_\_\_\_\_  
Are you a Veteran? \_\_\_\_\_ Service & Dates Service \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mess. Phone: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Vital Statistics

Gender: \_\_\_\_ DOB: \_\_\_\_\_ Place of Birth City: \_\_\_\_\_ State: \_\_\_\_\_

### Family Composition

Spouse (List Maiden Name): \_\_\_\_\_ DOB: \_\_\_\_\_

If you need more space, you may write on the back of this application.

Children's Names (List DOB): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use a separate enrollment form if you would like to enroll your children.

### Tribal and Corporation Affiliation

Regional Corporation: \_\_\_\_\_ Village Corporation: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_ Is applicant adopted?  Yes or  No

Is applicant enrolled to another Tribe, if so list Tribe: \_\_\_\_\_

If enrolled to NVP and another tribe, which do you choose as your service provider: \_\_\_\_\_

### Applicants can enroll in NVP on one of the following rolls, please choose only one:

*Descendancy Roll*: must be a person with direct lineal descendant of an NVP Base Roll Member.

Name & DOB of NVP Member/person \_\_\_\_\_ Relationship \_\_\_\_\_

**-OR-**

*Supplemental Roll*: must be a person with historic/ancestral ties to the village of Paimiut, or a descendant of someone with these ties.

Name & DOB of NVP Member/person \_\_\_\_\_ Relationship \_\_\_\_\_

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**REQUIRED DOCUMENTATION:**

- 1) COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH AND PARENTAGE

*I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause for disenrollment. I also authorize the release of this information to any organization for the purpose of processing this application.*

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**Signature** (if signing for a minor applicant - list relationship)

**Date**