

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
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Tribal Member Enrollment Application

Required Documentation:

- ✓ Copy of birth certificate or other proof of birth and parentage ***REQUIRED***
- ✓ Identification with picture (Tribal, State, BIA CIB or Passport Card/Book) ***REQUIRED***
- ✓ Family Tree attached to application ***REQUIRED***
- ✓ Relinquishment form of previous enrollment with other tribes

Applicants Information:

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Native of Other Names: _____

Gender: _____ Place of Birth City/Village: _____ State: _____

Birthdate: ___/___/___ Social security number: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ - _____ Email Address: _____

Are you a Veteran? Yes No Service _____ Dates of Service _____ To _____

Tribal information

Is applicant adopted? Yes or No

Family Composition: Please fill out and attach Tribal Member Family Tree

Certification:

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.

Signature:

Today's Date:

Parent/guardian Signature:

Today's Date:

Relationship: _____
