



"Yee gu.aa yax x'wan."

**An Indian Reorganization Act Village
Under Act of Congress June 15th, 1935**

32 Chilkat Ave. Klukwan, Alaska 99827
HC60 Box 2207 Haines, Alaska 99827
Phone: 907-767-5505
Fax: 907-767-5408
klukwan@chilkat-nsn.gov

Enrollment Application

Name _____ Maiden/Other name(s) _____

Social Security Number _____ Date of Birth _____

Sex: Male Female Place of Birth _____

Single Married Divorced Spouse Name _____

Physical Address _____

Length of Local Address _____

Mailing address _____ City _____ State _____ Zip _____

Tribe(s) _____ Blood Quantum _____ CIB# _____

Haida Tlingit Aleut Athabascan Eskimo Tshimsian Other

Descendent of Mother Father _____

If enrolled in a native corporation _____ Enrollment Number _____

If enrolled to Tlingit & Haida Central Council - Enrollment Number _____

If enrolled to another Federally Recognized Tribe - Enrollment Number _____

Copies of documentation attached to application:

(Copies of Blood Quantum degree, letter to council for enrollment, and Birth Certificate must be attached)

Certificate of Blood Birth Certificate Tlingit & Haida Card Social Security Card Driver License
Other _____

Suggested information for attached family tree chart:

English Name	Native name(s) & English Translation
Aboriginal Affiliation	Clan Affiliation (with English Translation)
Clan House affiliation (with English translation)	Date of Birth
Blood Degree	Date of Death

I hereby certify that the information given for the purpose of enrollment with the Chilkat Indian Village is true and correct to the best of my knowledge.

Applicant's signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

FATHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

FATHER
D.O.B. _____
TRIBE _____
ROLL# _____
BLOOD QUANTUM _____
BIRTH PLACE _____
SIBLINGS _____

FATHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____ B.Q. _____

APPLICANT
D.O.B. _____
TRIBE _____
BLOOD QUANTUM _____
BIRTH PLACE _____
SIBLINGS _____

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TRIBE _____
ROLL# _____ B.Q. _____

FATHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL# _____ B.Q. _____

MOTHER
D.O.B. _____
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MOTHER D.O.B. _____
TRIBE _____
ROLL # _____
BLOOD QUANTUM _____

MOTHER D.O.B. _____
TRIBE _____
ROLL # _____ B.Q. _____

D.O.B=date of birth
B.Q= blood quantum