APPLICATION FOR AUTOMATIC ENROLLMENT TO THE SELDOVIA VILLAGE TRIBE

A certified copy of the applicant's birth certificate, showing biological parent(s), must accompany this application.

FULL NAME:OTHER NAMES (MAIDEN/ALASKA NATIVE):PERMANENT ADDRESS:		
MAILING ADDRESS:		<u> </u>
HOME PHONE:SOCIAL SECURITY#: DATE OF BIRTH:	WORK PHONE:SEX: MALEBIRTH PLACE:	
IS THE APPLICANT ENROLLED WITH ANOTHER TRI IF YES, WHAT TRIBE?	IBE? YES I	NO
PLEASE list the name (as it appears on the BASE MEMBER(S) that you are a DESCENDANT of- NAME: NAME:	E ROLL list of Seldovia Village NAME:	
IS THE APPLICANT AN ADOPTED CHILD? IF YES, MUST PROVIDE PROOF OF SELDOVIA VILLA BLOOD.		
APPLICATION FILLED OUT BY? (Circle one) PAR NAME, IF OTHER THAN APPLICANT: RELATIONSHIP TO APPLICANT:_ NAME OF CUSTODIAN IF APPLICANT IS A MINOR:_		
l hereby certify that all statements given for the pare TRUE to the best of my knowledge.	purpose of enrollment in the S	SELDOVIA VILLAGE TRIBE
Signature	Date	

NOTICE: IF ANY STATEMENTS ARE PROVEN TO BE MISLEADING OR FALSE, PENALTIES

MAY INCLUDE: DELAY, DISENROLLMENT, OR CRIMINAL/CIVIL CHARGES FILED AGAINST PROVIDER.

Seldovia Village Tribe Enrollment Tree

Please indicate if other parent is non-Native; or if parent(s) is not the Natural Parent(s) Father: Father: Mother: Natural Father DOB: Father: Birthplace: Brother/Sister: Mother: Mother: Applicant Brother/Sister: Father: Father: Mother: Natural Mother DOB: Birthplace: Father: Brother/Sister: Mother: Mother: