

Sitka Tribe of Alaska
456 Katlian Street
Sitka, Alaska 99835



Enrollment Department
Tel: 907-747-3207 Ext.20
Fax: 907-747-4915

Today's Date _____

Dear Applicant,

Thank you for applying to enroll with Sitka Tribe of Alaska. Acceptance into the Tribe entitles you to many benefits and Special Status. Therefore, we must be as thorough as possible when processing your application. Please use the list below to help complete your application. As each section of your form is completed, check the corresponding box from the list.

- ◆ Section 1. Applicant: Fill in every blank.....
- ◆ Section 2. Spouse: Applicant: Fill in every blank. If spouse is non-Native, mark "N/A"
- ◆ Section 3. Mother: If your mother is non-Native, mark "N/A"
- ◆ Section 4. Father: If your father is non-Native, mark "N/A"
- ◆ Family Tree: *This section is critical to your enrollment.*
Please fill out as much genealogical information you know.
Ask your parents or relatives for help.....
- ◆ Birth Certificate: *Enrollment cannot accept your application without a Certified copy of your birth certificate.* Your original will be returned
- ◆ Certificate of Indian Blood: *A CIB can be requested from the Bureau Of Indian Affairs at 1-800-645-839.7* Your original will be returned

Enrollment to the tribe takes place at the tribal council regular meetings, the third Wednesday of each month. The meetings are held in the STA offices, 456 Katlian Street, and are scheduled for 6:30 p.m. If your application is submitted complete to the enrollment department by the first Wednesday of a given month, it will be considered at that month's meeting.

Again, thank you for your interest in Sitka Tribe of Alaska.

Sincerely,

STA Enrollment Department

Sitka Tribe of Alaska
 456 Katlian Street
 Sitka, Alaska 99835



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Enrollment Application

Enrollment Number _____

SECTION.1

Full Name		Sex
Soc Sec#	AKA, or maiden	
Date of Birth	Place of Birth	
Residence Address		
Mailing Address		
City	State	ZIP
Length of Local Residence	Phone Number	
Is Applicant Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Applicant is a Minor, Is Minor adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Tribe (Tlingit, Haida, Etc.)	Blood Degree (1/4,1/2, Etc.)	
Are you enrolled in another Tribe/Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Name of Agency _____	

SECTION 2. Information on Applicant's spouse

Name of your Spouse	Is your Spouse enrolled in STA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Tribe (Tlingit, Haida, Etc.)	Blood Degree (1/4,1/2, Etc.)
Date of Birth	Place of Birth _____

SECTION 3. Information on Applicant's mother.

Your Mother's name	Is your mother enrolled in STA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Tribe (Tlingit, Haida, Etc.)	Blood Degree (1/4,1/2, Etc.)
Date of Birth	Place of Birth _____

SECTION 2. Information on Applicant's father.

Your father's name?	Is your father enrolled in STA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Tribe (Tlingit, Haida, Etc.)	Blood Degree (1/4,1/2, Etc.)
Date of Birth	Place of Birth _____

I hereby certify that the statements given for the purpose of Sitka tribe of Alaska enrollment are true and correct to the best of my knowledge. I understand that if any statements given by me are false or misleading, I shall be denied enrollment.

 APPLICANT'S SIGNATURE (IF PARENT PLEASE INDICATE AFTER SIGNATURE)

 DATE