



Sitka Tribe of Alaska
456 Katlian Street
Sitka, Alaska 99835
(907) - 747 - 3207
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.

Please check the box after each section is completed. Thank You

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 1-800-645-8397. 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
 Ph: (907) 747-7317
 Fax: (907) 747-4915

Enrollment Application

Enrollment Number: _____

Email Address: _____

Section 1

Full Name:		Sex:
Social Sec. #:	AKA, or maiden:	
Date of Birth:	Place of Birth:	
Residence Address:		
Mailing Address:		
City	State:	Zip:
Clan/Moiety:	Phone #:	
Is Applicant Head of Household:	If Applicant is a Minor, Is Minor adopted?	
/ / Yes / / No	/ / Yes / / No	
Tribe: (Tlingit, Haida, Etc):	Blood Degree: (1/4 Etc)	
Are you enrolled in another Tribe/Agency?	If Yes, Name of Agency:	
/ / Yes / / No		

Section 2: Information on Applicant's Spouse

Name of your Spouse:	Is Your Spouse enrolled with STA?
	/ / Yes / / No
Tribe: (Tlingit, Haida, Etc)	Blood Degree: (1/4 Etc)
Date of Birth:	Place of Birth:

Section 3: Information on Applicant's Mother

Your Mother's Name:	Is Your Mother enrolled with STA?
	/ / Yes / / No
Tribe: (Tlingit, Haida, Etc)	Blood Degree: (1/4 Etc)
Date of Birth:	Place of Birth:

Section 4: Information on Applicant's Father

Your Father's Name:	Is Your Father enrolled with STA?
	/ / Yes / / No
Tribe: (Tlingit, Haida, Etc)	Blood Degree: (1/4 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

Family Tree

Brother's/Sister's

1. _____
2. _____
3. _____
4. _____

Applicant:

Children

5. _____
6. _____
7. _____
8. _____

Father:
Tribe:
Degree:
Clan:

Mother:
Tribe:
Degree:
Clan:

Please Fill In As
Much As Possible

Grandfather:
Tribe:
Degree:
Clan:

Grandmother:
Tribe:
Degree:
Clan:

Grandfather:
Tribe:
Degree:
Clan:

Grandmother:
Tribe:
Degree:
Clan:

Great Grandfather:

Great Grandmother:

Great Grandfather:

Great Grandmother:

Great Grandfather:

Great Grandmother:

Great Grandfather:

Great Grandmother: