

Enrollment Application for New Member

Instructions & Documents needed:

- Answer all questions on application.
- Parent(s) must have their **signatures notarized by any Notary Public**. Only one signature is needed. If you are not a parent, you may sign as long as you attach documentation of Legal Custody/Guardianship of the applicant. If the applicant is over 18 years old (not a minor), you will need to sign the application in front of a notary yourself, as the applicant.
- Original State Certified Birth Certificate** listing both parents' names (hospital copies with footprints are NOT acceptable). Original will be returned to you.
- If the applicant's parent(s) is/are enrolled with a different Tribe, "**Dual Enrollment Verification**" is required from that Tribe; stating that the applicant is not already enrolled with that Tribe; SRST prohibits Dual Enrollment.
- The **Family Tree chart** enclosed will need to be completed to the best of knowledge. Start with the applicant's name, and then write his/her parents names, and so on. Names & where Enrolled. If a person does not possess native blood and is not enrolled with a Federally Recognized Tribe, please indicate NI for Non-Indian. The purpose of this is to make sure we are including & calculating ALL Sioux Blood, as it was not included before the year 2010.
- Adoption Decree** (if applicant is adopted).

Incomplete application's will NOT be accepted & returned to you

In addition to your address, please give a phone number where we may contact you.

~DO NOT FAX APPLICATION TO OUR OFFICE~

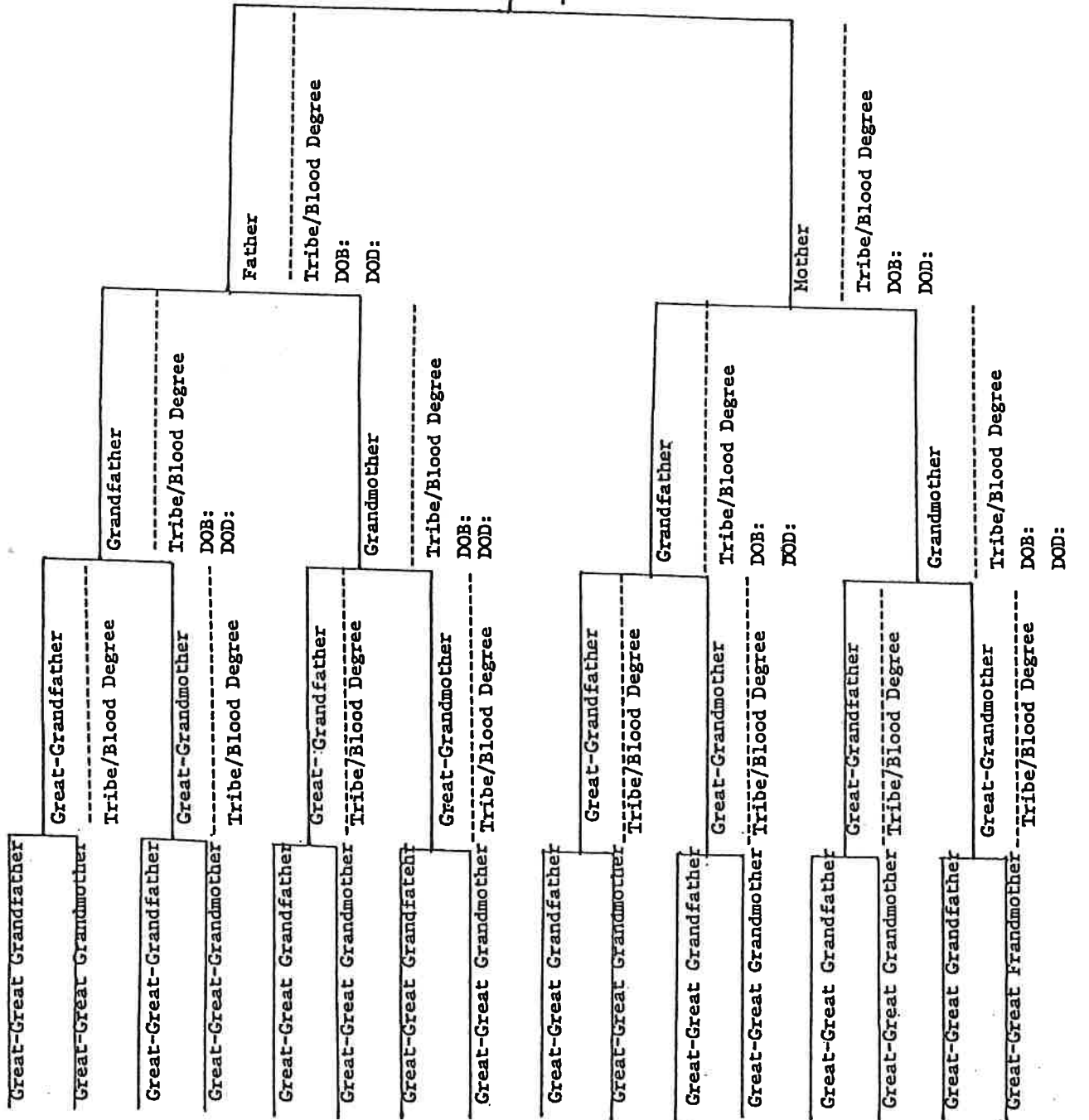
Mail completed applications to: SRST Enrollment Department

PO Box D

Fort Yates, ND 58538

Ph: 701/854-8695 (8am-430pm *Central Standard Time*)

Please keep in mind that once a "Completed Application" is received, the process after that may take 2-3 months.



Date Received: _____



APPLICATION FOR ENROLLMENT AS A MEMBER OF THE STANDING ROCK SIOUX TRIBE OF NORTH AND SOUTH DAKOTA

APPLICANT INFORMATION

Applicant's Name _____
(First) (Middle) (Last)

Any Other Names Used: _____

Is Applicant Adopted? Yes No

If yes, attach Adoption Decree, Original Birth Certificate, and Amended Birth Certificate

Date of Birth: _____ State Certified Birth Certificate Attached

Social Security Number: _____

Gender: Male Female Place of Birth: _____

Current Address (Mailing): _____
(City, State, Zip) (Physical): _____

Degree of Standing Rock Blood: _____

Has applicant ever been enrolled with any other Tribe of Indians or as an Indian of some other reservation? Yes No

If yes, name of Tribe, Band, or Reservation: _____

Does Applicant possess other Sioux Blood? Yes No

If yes, list Tribe(s): _____

NATURAL / BIOLOGICAL FATHER'S INFORMATION

Natural/Biological Father's Name _____
(First) (Middle) (Last)

Any Other Names Used: _____

Date of Birth: _____ Enrolled with Standing Rock Sioux Tribe: Yes No

If yes, Enrollment Number: _____

Does Parent possess other Sioux Blood or a member of another Sioux Tribe? Yes No

If yes, list Tribe(s): _____

Certification Attached (CDIB): Yes No

Does Parent possess other Federally Recognized Indian Blood? Yes No

If yes, list Tribe(s): _____

Father's Address: _____

(City)

(State)

(Zip)

NATURAL / BIOLOGICAL MOTHER'S INFORMATION

Natural/Biological Mother's Name _____
(First) (Middle) (Last)

Any Other Names Used: _____

Date of Birth: _____ Enrolled with Standing Rock Sioux Tribe: Yes No

If yes, Enrollment Number: _____

Does Parent possess other Sioux Blood or a member of another Sioux Tribe? Yes No

If yes, list Tribe(s): _____

Certification Attached (CDIB): Yes No

Does Parent possess other Federally Recognized Indian Blood? Yes No

If yes, list Tribe(s): _____

Mother's Address: _____

(City)

(State)

(Zip)

STATEMENT:

The undersigned certifies that the foregoing information is true and correct and that if any materials statement is false, any enrollment granted pursuant to this application shall be void and of no force or effect.

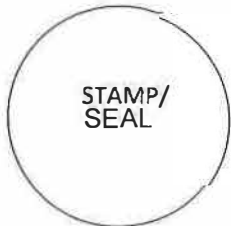
Signature of Mother,
Legal Guardian, or Applicant: _____



Subscribed and sworn to before me this _____ day of _____, 20____.

Notary or Authorized Officer Signature: _____

Signature of Father,
Legal Guardian, or Applicant: _____



Subscribed and sworn to before me this _____ day of _____, 20____.

Notary or Authorized Officer Signature: _____

DO NOT WRITE BELOW THIS LINE

Decision of Tribal Council to: Approve Date _____ Reject Date _____

If rejected, reason for rejection: _____
