Northern Cheyenne Enrollment

IN THE PROCESS OF REVIEWING THE APPLICATION(S)
FOR MEMBERSHIP INTO THE NORTHERN CHEYENNE TRIBE
THE INFORMATION MUST BE FURNISHED TO THIS OFFICE:

_____ CERTIFIED BIRTH CERTIFICATE
with the parent(s) listed. Informational copies, photo copies,
any birth certificates without the parents listed are NOT used
parents listed are Not used.

_____ MARRIAGE CERTIFICATE
must be furnished by Ordinance No. 4(85) Section 12. A
birth certificate showing the name of a person as the
Father cannot be the only support of paternity.

_____ UNMARRIED PARENTS: A NOTORIZED PATERNITY STATEMENT
must be furnished to establish the fact.

_____ APPLICANT'S MOTHER/FATHER enrolled in another tribe.
A written verification of blood degree and indentification number
from the Tribe where he/she is enrolled must be furnished and a
written letter stating applicant is not enrolled nor has a pending
application with said Tribe.

REMEMBER: GETTING YOUR CHILD ENROLLED AS A MEMBER
OF THE NORTHERN CHEYENNE TRIBE IS THE RESPONSIBILITY OF
THE PARENTS/ GUARDIAN BY ORDINANCE.

APPLICATION CHECK LIST

CHECK LIST

_____ Mother(enrolled)   _____Father(enrolled)   _____ Descendant

****

_____ Application is signed and dated by parent/legal guardian and other documents required are complete.
(copies and faxes are not acceptable)

_____ Applicants Original Birth Certificate is enclosed(copies and faxes are not acceptable)

_____ Marriage Certificate or Paternity Statement if the father is included. (Father's side is required.)
(Copies and faxes are not acceptable.)

_____ Certificate of Indian Blood of parent enrolled in another tribe, letter stating that applicant does not
have an application pending nor applicant is enrolled with said tribe.(copies and faxes are not acceptable)

_____ Applicants family tree is completed

_____ Permanent court orders only. Temporary court orders will not be considered. (copies and faxes are not acceptable)

_____ Descendency applicants need to provide certified birth certificates for each generation
going back to the enrolled Northern Cheyenne Tribal member.(copies and faxes are not acceptable)

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ACKNOWLEDGEMENT

I certify that all required information is herewith enclosed and completed. I understand that all incomplete
applications will not be processed.

_____ Date: _____
Parent or legal guardian

Phone #:_____Message Number:_____

****

Enrollment Office use only

I certify that the check list and application are [   ] COMPLETE   [   ] INCOMPLETE

Enrollment Tech:_____ Date:_____

Comments:_____

_____

NORTHERN CHEYENNE TRIBE

P.O. Box 128, 600 Cheyenne Ave, Lame Deer, MT 59043

APPLICATION FOR ENROLLMENT IN THE NORTHERN CHEYENNE TRIBE

NAME OF APPLICANT:_____

                                   Last   First   Middle

 ADDRESS OF APPLICANT:_____

                                Street or Box   City   ST   Zip Code

SEX:_____DATE OF BIRTH:_____PHONE:_____

YOU MUST SUBMIT TO THIS OFFICE A CERTIFIED BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MUST SHOW THE NAMES OF THE NATURAL PARENTS.

PLACE OF BIRTH:_____

                       CITY   COUNTY   STATE

FATHER'S NAME:_____

MOTHER'S NAME:_____

A COPY OF THE MARRIAGE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION. IN CASES OF UNMARRIED PARENTS, IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR ENROLLMENT WITH THE BENEFIT OF THE FATHER'S DEGREE OF INDIAN BLOOD. YOU MUST SUBMIT TO THIS OFFICE A NOTARIZED AFFIDAVIT ESTABLISHING PATERNITY. A MARRIAGE CERTIFICATE AND/OR NOTARIZED AFFIDAVIT WILL BE THE DOCUMENTS USED TO ESTABLISH PATERNITY.

IS THE APPLICANT PRESENTLY ENROLLED WITH ANOTHER TRIBE?_____YES ,_____NO. IF YES YOU MUST SUBMIT TO THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE ALONG WITH A RELINQUISHMENT FORM.

ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? _____YES, _____NO. IF YES, YOU MUST FURNISH THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE. WRITTEN VERIFICATION OF NONENROLLMENT OF APPLICANT FROM PARENT'S TRIBE.

COMPLETE THE FAMILY ANCESTRY CHART ON THE NEXT PAGE, TO THE BEST OF YOUR KNOWLEGDE AND ABILITY.

ALL DOCUMENTS SUBMITTED BECOME THE SOLE PROPERTY OF THE NORTHERN CHEYENNE TRIBE AND WILL NOT BE REPRODUCED OTHER THAN FOR THE USE OF THE NORTHERN CHEYENNE TRIBE. THE ORIGINAL DOCUMENTS WILL BE CERTIFIED AND RETURNED BY THE ENROLLMENT CLERK. THE CERTIFIED COPY WILL NOT BE RELEASED FOR ANY OTHER USE UNLESS A WRITTEN FORM IS SIGNED BY THE APPLICANT, IN ACCORDANCE WITH THE PRIVACY ACT, 5 USC 522a(l)(1).

THE APPLICANT VERIFIES THAT THE REQUIRED DOCUMENTS ARE TRUE AND CORRECT, ANY INFORMATION FRAUDULENTLY SUBMITTED WILL JEOPARDIZE THE ENROLLMENT PROCESS AND MAY BE USED FOR REMOVAL OF THE APPLICANT FROM THE MEMBERSHIP ROLL.

DATE:_____ SIGNATURE_____
 SIGNATURE OF PARENT / APPLICANT

****
PLEASE DO NOT WRITE IN SPACE BELOW- FOR OFFICE USE ONLY

NAME AND ID NUMBER   N.CHEYENNE   TOTAL INDIAN BLOOD

FATHER:_____   _____   _____

ID NUMBER:_____

MOTHER:_____   _____   _____

ID NUMBER:_____

CHILD: _____   _____

FAMILY ANCESTRY CHART

Applicant's Name

DIB= DEGREE OF INDIAN BLOOD
TA= TRIBAL AFFILIATION

Father
DIB & TA_____

Mother
DIB & TA_____

Paternal Grandfather
DIB & TA_____

Paternal Grandmother
DIB & TA_____

Maternal Grandfather
DIB & TA_____

Maternal Grandmother
DIB & TA_____

Paternal Great Grandfather
DIB & TA_____

Paternal Great Grandmother
DIB & TA_____

Paternal Great Grandfather
DIB & TA_____

Paternal Great Grandmother
DIB & TA_____

Maternal Great Grandfather
DIB & TA_____

Maternal Great Grandmother
DIB & TA_____

Maternal Great Grandfather
DIB & TA_____

Maternal Great Grandmother
DIB & TA_____

ACKNOWLEDGE OF PATERNITY

State of _____

                ss

County of _____

I, _____ , born in _____ on _____
     (Father's Name)   (Place of Birth)   (Date of Birth)

hereby acknowledge that I am the father of _____

born to _____ at _____ ,USA.
       (Mother's Maiden Name)   (Child's Place of Birth)

on _____ , I do give consent and permission of said child to carry my name if he or
    (Date of Birth)

she desires. I also request that this information be added to the birth certificate of above named child.

_____
                   (Signature of Father)

Subscribed and sworn before me this_____ day of_____ , 2012.

_____

NOTARY PUBLIC FOR THE STATE OF MONTANA

RESIDING IN: _____

MY COMMISSION EXPIRES: _____

State of _____

                ss

County of _____

I,_____ born in _____ on_____
    (Mother's Name)   (Place of Birth)   (Date of Birth)

hereby acknowledge that I am the mother of _____
                                     (Child's Name)

born on_____ at _____ ,USA

I, further state that _____ is the father of this child and I request that this

Information be added to the birth certificate.

_____
                   (Signature of Mother)

Subscribed and sworn to me this _____ day of _____ 2012.

_____

NOTARY PUBLIC FOR THE STATE OF MONTANA

RESIDING IN _____

MY COMMISSION EXPIRES:_____