ENROLLMENT INSTRUCTIONS

ENROLLMENT APPLICATION:

1. All questions on the application must be completed including the family tree chart, date and sign the application and return the application to the Enrollment Department by mail or by an office visit. We are located on Second Avenue & Mohave Road in Parker, AZ (Tribal Administration building-lower level.)

REQUIRED DOCUMENTS:

1. ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE: The applicant’s Birth certificate must be submitted to the Enrollment Office. A copy of the applicant’s original birth certificate will be made for his/her file. NOTE: (Hospital live birth certificates, Baptism certificates, notarized affidavits and copies of Birth certificates will not be processed without the applicant’s original state certified birth certificate.)

2. ORIGINAL SOCIAL SECURITY CARD: The original social security card is required and must be submitted before the application is considered complete. A copy of the applicant’s social security card will be made for his/her file.

3. MARRIAGE LICENSE: A copy of a marriage license is required if parent’s were married prior to the birth of the child.

4. COURT DOCUMENT OF PATERNITY: If the applicant’s parents were not legally married prior to the birth of the child even though the father’s name is stated on the birth certificate a court document establishing paternity is required through a court of law. For further information on how to establish paternity contact the Colorado River Indian Tribes Legal Aid Department at (928) 669-1268.

5. CERTIFICATE OF INDIAN BLOOD (CIB): A Certificate of Indian Blood must be submitted if one of the parents of the applicant is enrolled in a federally recognized tribe other that the Colorado River Indian Tribes. This is to ensure all Indian blood is calculated towards applicant’s total Indian blood quantum.

The Enrollment Application will not be processed through the Enrollment Office until all supporting documents are completed and received. All applications are submitted to the Enrollment Committee for review and recommendations to Tribal Council officials on a quarterly basis. Any questions concerning these matters can be directed to the Enrollment Department at the number listed above.
APPLICATION FOR ENROLLMENT

ITEM I

APPLICANT’S NAME: ____________________________________________

MAILING ADDRESS: ____________________________________________
   City               State      Zip Code

PHYSICAL ADDRESS: ____________________________________________
   City               State      Zip Code

DATE OF BIRTH: _______________ PLACE OF BIRTH: _____________

SOCIAL SECURITY NUMBER:_______ MALE: ☐ FEMALE: ☐

MARITAL STATUS: MARRIED: ☐ SINGLE: ☐ DIVORCED: ☐ OTHER:☐

IS APPLICANT ENROLLED WITH ANY OTHER TRIBE? YES: ☐ NO: ☐

IF “YES” GIVE NAME AND ADDRESS OF TRIBAL AFFILIATION: __________

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ITEM II:

COMPLETE DEGREE OF INDIAN BLOOD: MOHAVE: __________
   (4/4, 3/4, 1/2, 1/4, etc.)
   CHEMEHUEVI: __________
   HOPI: __________
   NAVAJO: __________
   OTHER: __________

TOTAL DEGREE: __________

FOR COMPLETION BY ENROLLMENT STAFF ONLY:

CONSTITUTIONAL AUTHORITY: _____________________________
APPLICATION RECEIVED: ______________ LOG #: ________
ITEM III
PLEASE ATTACH THE APPLICANT’S CERTIFIED BIRTH CERTIFICATE THAT SHOWS THE PARENTS NAMES (LONG FORM) NOTE: THE APPLICATION IS NOT COMPLETE WITHOUT THE STATE CERTIFIED BIRTH CERTIFICATE.

ITEM IV  **FAMILY HISTORY - NATURAL PARENTS**

Father’s Name: ________________ Degree of Indian Blood: ________________
Birthdate:_________________________ Place of Birth: ______________________
WHERE ENROLLED: __________ Enrollment No.: _______________________
Mother’s Name: ________________ Degree of Indian Blood: ________________
Birthdate:_________________________ Place of Birth: ______________________
WHERE ENROLLED: __________ Enrollment No.: _______________________

IF A PARENT IS ENROLLED WITH ANOTHER TRIBE, A CERTIFICATION OF INDIAN BLOOD WILL BE REQUESTED FROM THEIR TRIBAL AFFILIATION. A VERIFICATION OF ENROLLMENT ON THE APPLICANT WILL ALSO BE REQUESTED FROM THE NON-MEMBER PARENTS TRIBAL AFFILIATION.

REMARKS:________________________________________________________

I CERTIFY THAT EVERYTHING IN ITEMS I, II, III AND IV ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

________________________________________
APPLICANT’S SIGNATURE

________________________________________
PARENT OR SPONSOR’S SIGNATURE

________________________________________
RELATIONSHIP

________________________________________
DATE

________________________________________
TELEPHONE NUMBER
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Completed by the Enrollment Department