

**COLORADO RIVER INDIAN TRIBES
ENROLLMENT DEPARTMENT
26600 Mohave Road
Parker, AZ 85344
(928) 669-1240**

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 than 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.



COLORADO RIVER INDIAN TRIBES

Enrollment Department

26600 Mohave Road
PARKER, ARIZONA 85344
TELEPHONE (928) 669-1240
FAX (928) 669-1236
Email: enrollment@crit-nsn.gov

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: _____

ITEM II:

COMPLETE DEGREE OF INDIAN BLOOD: (4/4, 3/4, 1/2, 1/4, etc.)

MOHAVE:	_____
CHEMEHUEVI:	_____
HOPI:	_____
NAVAJO:	_____
OTHER:	_____
TOTAL DEGREE:	_____

FOR COMPLETION BY ENROLLMENT STAFF ONLY:
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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

COLORADO RIVER INDIAN TRIBES
26600 Mohave Road, Parker, Arizona (928) 669-1240
FAMILY TREE CHART
Form 43-1c

COMPLETED BY THE ENROLLMENT DEPARTMENT

GREAT GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GREAT GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

FATHER'S NAME
TOTAL DEGREE AND
TRIBE(S) " "

GREAT GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GREAT GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

APPLICANT'S NAME
TOTAL BLOOD DEGREE
AND TRIBE(S) " "

GREAT GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE (S) " "

GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GREAT GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

MOTHER'S MAIDEN NAME
TOTAL DEGREE AND
TRIBE(S) " "

GREAT GRANDFATHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "

GREAT GRANDMOTHER'S NAME
TOTAL DEGREE AND TRIBE(S) " "