



CHEYENNE AND ARAPAHO TRIBES – DEPARTMENT OF ENROLLMENT
APPLICATION FOR ENROLLMENT

APPLICANT

APPLICANT'S NAME: _____ D.O.B.: _____ DEGREE OF C & A BLOOD _____

SOC. SEC. # _____ INDIAN NAME _____ GENDER: MALE FEMALE

IS APPLICANT ADOPTED? YES NO If yes, please submit the Final Decree of Adoption.

For purposes of burial & emergency situations, I designate the following as NEXT OF KIN _____

SPOUSE MOTHER FATHER SIBLING SON DAUGHTER OTHER (please specify) _____

APPLICANT'S MOTHER

MOTHER'S NAME _____ D.O.B. _____

ENROLLED C & A? YES NO ROLL # _____ DEGREE OF C & A _____

OTHER TRIBAL AFFILIATION? YES NO

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

ADDRESS OF OTHER TRIBE _____

APPLICANT'S FATHER

FATHER'S NAME _____ D.O.B. _____

ENROLLED C & A? YES NO ROLL # _____ DEGREE OF C & A _____

OTHER TRIBAL AFFILIATION? YES NO

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

ADDRESS OF OTHER TRIBE _____

PERSON COMPLETING THE APPLICATION (you must be the applicant's legal guardian or custodial parent)

PRINTED NAME _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

HOME PHONE (_____) _____

SIGNATURE _____

**IT IS A CRIMINAL OFFENSE
UNDER FEDERAL AND TRIBAL
LAW TO PRESENT FALSE OR
UNTRUE INFORMATION FOR
ENROLLMENT PURPOSES**