

# NORTHERN CHEYENNE APPLICATION FOR TRIBAL ENROLLMENT



# NORTHERN CHEYENNE ENROLLEMENT

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

## CERTIFIED BIRTH CERTIFICATE

With the parent(s) listed. Informational copies, photo copies, and any birth certificate without the parents listed are **NOT USED OR ACCEPTED**.

## MARRIAGE CERTIFICATE

Must be furnished by Ordinance No. 4(85) Sec. 12. A Birth Certificate showing the name of a person as the father **CANNOT** be the only support of paternity.

## UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT

Must be furnished to establish the fact.

## APPLICANT'S MOTHER/FATHER WHO IS ENROLLED IN ANOTHER TRIBE

A written verification of Blood Degree and CDIB from the tribe where he/she is enrolled must be furnished. A written letter stating applicant is **NOT** enrolled nor has a pending application with said tribe. The information must be provided and written by said tribe.

**REMEMBER!**

**GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE NORTHERN CHEYENNE TRIBE IS THE RESPONSIBILITY OF THE PARENTS OR LEGAL GUARDIAN BY THE ORDINANCE.**

**THE BURDEN OF PROOF IS ON THE APPLICANTS!**



Northern Cheyenne Tribe

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



## APPLICATION FOR ENROLLMENT

NAME OF APPLICANT: \_\_\_\_\_  
FIRST MIDDLE LAST

P.O BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIPCODE: \_\_\_\_\_ STREET: \_\_\_\_\_

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY COUNTY STATE

BIRTH FATHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

TRIBE, IF APPLICABLE: \_\_\_\_\_

BIRTH MOTHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

TRIBE, IF APPLICABLE: \_\_\_\_\_

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

NAME AND ID NUMBER	NORTHERN CHEYENNE	TOTAL NATIVE BLOOD
FATHER: _____	_____	_____
ID NUMBER: _____		
MOTHER: _____	_____	_____
ID NUMBER: _____		
APPLICANT: _____	_____	_____



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ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, YOU MUST FURNISH A WRITTEN VERIFICATION OF BLOOD DEGREE. A WRITTEN VERIFICATION OF NON ENROLLMENT OF APPLICANT'S PARENTS TRIBE. INFORMATION MUST BE PROVIDED AND WRITTEN BY SAID TRIBE.

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

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

**NOTARIZED ACKNOWLEDGEMENT**

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 VERIFIED AND KEPT IN THE APPLICANTS FILE.** THE CERTIFIED DOCUMENT WILL NOT BE RELEASED FOR ANY OTHER USE UNLESS WRITTEN PERMISSION IS GIVEN BY THE APPLICANT IN ACCORDANCE WITH THE PRIVACY ACT 5 USC 533a(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 ROLES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

NOTARY FOR THE STATE OF: \_\_\_\_\_  
 RESIDING IN \_\_\_\_\_  
 CITY AND COUNTY  
 MY COMMISSION EXPIRES: \_\_\_\_\_

# FAMILY ANCESTRY CHART

Applicant's Name \_\_\_\_\_

Father  
DIB & TA: \_\_\_\_\_

Mother  
DIB & TA: \_\_\_\_\_

Paternal Grandfather  
DIB & TA: \_\_\_\_\_

Paternal Grandmother  
DIB & TA: \_\_\_\_\_

Maternal Grandfather  
DIB & TA: \_\_\_\_\_

Maternal Grandmother  
DIB & TA: \_\_\_\_\_

Great-Grandfather  
DIB & TA: \_\_\_\_\_

Great-Grandmother  
DIB & TA: \_\_\_\_\_

Great-Grandfather  
DIB & TA: \_\_\_\_\_

Great-Grandmother  
DIB & TA: \_\_\_\_\_

Great-Grandfather  
DIB & TA: \_\_\_\_\_

Great-Grandmother  
DIB & TA: \_\_\_\_\_

Great-Grandfather  
DIB & TA: \_\_\_\_\_

Great-Grandmother  
DIB & TA: \_\_\_\_\_

DIB = Degree of Indian Blood  
TA = Tribal Affiliation



MONTANA DEPARTMENT OF  
PUBLIC HEALTH & HUMAN SERVICES  
VITAL RECORDS & STATISTICS BUREAU  
PO BOX 4210  
HELENA, MT 59604-4210

**PATERNITY  
ACKNOWLEDGMENT**

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))		MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

**BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC**

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. Do not sign this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. If you wish to withdraw this Acknowledgment, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.

PLEASE PRINT/SIGN HARD USING A BALL POINT PEN

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_

Father's Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Residing at  
\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Residing at  
\_\_\_\_\_  
My commission expires

(Seal)

(Seal)

# APPLICATION CHECK LIST

(MUST BE COMPLETED BY PARENTS OR LEGAL GUARDIANS)

## CHECK LIST

\_\_\_\_\_ Mother (enrolled)      \_\_\_\_\_ Father (enrolled)      \_\_\_\_\_ Descendant

\*\*\*\*\*

\_\_\_\_\_ Application is signed and dated by parent/legal guardian and documents in front of a notary. Required are included. (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)

\_\_\_\_\_ Certificate of Indian Blood of parent enrolled in another Tribe, letter stating that applicant is not enrolled nor has a pending application with other Tribe

\_\_\_\_\_ Applicants family tree is completed.

\_\_\_\_\_ Permanent court orders **only**. Temporary court orders will not be Considered. (Copies and faxes are not acceptable)

\_\_\_\_\_ Descendant applications 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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## NOTARIZED ACKNOWLEDGEMENT

I verify that all required documents are enclosed and completed. I understand that all incomplete applications will not be processed.

\_\_\_\_\_  
Parent or Legal Guardian

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2016

\_\_\_\_\_  
NOTARY FOR THE STATE OF MONTANA  
RESIDING IN: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_