



Kokhanok Tribal Enrollment Committee

*P.O. Box 1007
Kokhanok, AK 99606
907-282-2202*

TRADITIONAL TRIBAL MEMBERSHIP APPLICATION

Name: _____ Date of Birth: _____
Address: _____ Birthplace: _____
Marital Status: _____ SSN: _____
Sex: MALE FEMALE (circle one)

Name(s) of Natural Parents	Tribe	Degree of Native Blood
Father: _____	_____	_____
Mother: _____	_____	_____

Name(s) of Grandparents	Tribe	Degree of Native Blood
Father's father: _____	_____	_____
Father's mother: _____	_____	_____
Mother's mother: _____	_____	_____
Mother's father: _____	_____	_____

Is the applicant enrolled to any other tribe? YES NO (circle one)
If yes, which tribe? _____

I do solemnly swear that the above information given is true and correct to the best of my knowledge.

Signature of Applicant Date

NOTE: If applicant is under the age of 18, parental signature will suffice.

FOR OFFICE USE ONLY:

_____ Tribal Enrollment Committee Member Signature	_____ Date
_____ Tribal Enrollment Committee Member Signature	_____ Date

Tribal Enrollment Number

Applicant
Tribe & Degree:

Father
Tribe & Degree:

Grandfather
Tribe & Degree:

Great-grandfather
Tribe & Degree:

Tribe & Degree:

Great-grandmother

Tribe & Degree:

Grandmother

Great-grandfather
Tribe & Degree:

Tribe & Degree:

Tribe & Degree:

Great-grandmother

Tribe & Degree:

Mother

Grandfather
Tribe & Degree:

Great-grandfather
Tribe & Degree:

Tribe & Degree:

Great-grandmother

Tribe & Degree:

Grandmother

Great-grandfather
Tribe & Degree:

Tribe & Degree:

Tribe & Degree:

Great-grandmother