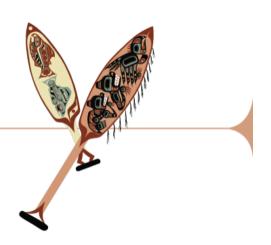
606 Forest Hwy. 10 * P.O. Box 418 * Yakutat, Alaska 99689 Phone (907) 784-3238 * Fax (907) 784-3595 * www.ytttribe.org



Tribal Enrollment Checklist

COMPLETED Enrollment Application
COMPLETED Family History
Original Birth Certificate (showing biological parents)
Copy of Driver's License or Photo ID (if applicable)
Other Tribal Enrollment Card/CIB (if applicable)

Please use the checklist for your Tribal Enrollment Application. This will allow your application to be processed in a timely manner,

If you have any questions regarding Tribal Enrollment, please contact the YTT, Administrative Assistant at the YTT Main Office (907) 784-3238.

Gunalcheesh,

Yakutat Tlingit Tribal Enrollment



Yakutat Tlingit Tribe **PO Box 418** Yakutat, AK 99689

Phone: (907) 784-3238 Fax: (907) 784-3595

APPLICATION FOR ENROLLMENT

State Certified Original Birth Certificate, showing biological parent(s), must accompany this application. If applicant is adopted, please enclose adoption decree. All originals will be returned. You must complete front and back pages of this application.

Full Name:				
First Mide		ile	Last	
Other names used:				
Tlingit Name:				
Mailing Address:				
PO Box or Street Addre				
	City	State	ZIP	
Home Number:		Other Number:		
Date of Birth:		Place of Birth:		
Sex: () Male () Fe	emale Is the Applicant A	dopted: () Yes () No	If yes, please include adoption decree.	
Clan Affiliation:	() Raven () Eagle	Clan:		
Is the Applicant en	rolled in another Tribe?	() Yes () No If yes, please list:		
Please list the Base	Roll Member(s) that applic	ant is a descendant of	(ex. Great Grandfather/Mother)	
Name as listed on B	Base Roll	Name as listed on I	Base Roll	
Tlingit Blood Quan	tum claimed:	Other Blood Claimed:		
Application filled o	ut by () Parent () Self () C	Other		
If other, please prir	nt name and relationship to	applicant:		
I hereby certify that a best of my knowledge		pose of enrollment in th	ne Yakutat Tlingit Tribe are TRUE to the	
			SE, PENALTIES MAY INCLUDE: DELAY	

INFORMATION IS KEPT CONFIDENTIAL.

Clan Spelling: Teikweidí, L'uknax.ádi, Galyáx Kaagwaantaan, Kwaashk'kwáan, Shunkukeidí

Please indicated if parent is Non-Native or if parent(s) is not the Natural Parent(s).

Father: Clan: Mother: Clan:	Father: Clan Mother. Clan:	Father: Clan: Mother. Clan:	Father: Clan: Mother: Clan:
Father: Clan:	Mother: Clan:	Father: Clan:	Mother. Clan:
	Father: Clan: DOB: Birth Place: Brother/Sister:	Mother: Clan:	DOB: Birth Place: Brother/Sister
		Applicant Clan: Brother/Sister:	