



SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

P.O. Box 1628
Sault Ste. Marie, MI 49783

PLEASE TYPE OR PRINT

Applicant's full name _____
(Last) (First) (Middle) (Maiden)

Mailing Address _____
(Street, Route or PO Box)

(City) (State) (Zip Code) (County)

| Birthdate | | |
|-----------|-----|------|
| MONTH | DAY | YEAR |
| | | |

Male
 Female

Social Security No.

Marital Status
 Single
 Married
 Divorced

Phone No. _____

Citizenship US _____ Canada _____ Other _____

Have you ever been, or are you currently a member of any other Tribe/Band? (Including the Sault Tribe)

No ___ Yes ___ If yes, name of Tribe/Band _____

Do you have any immediate family members enrolled with the Sault Tribe? No ___ Yes ___

If yes, please list one name and relationship to you _____

Spouse's full name _____
(Last) (First) (M.I.) (Maiden)

Is spouse enrolled with a Tribe or organization, please name: _____

List ALL children under 18 living at home: (attach birth certificates for each child)

| NAME | SOCIAL SECURITY NO. | SEX | DATE OF BIRTH | IS THIS YOUR BIOLOGICAL CHILD? YES ___ NO ___ |
|-------|---------------------|-------|---------------|--|
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |
| _____ | _____ | _____ | _____ | _____ YES ___ NO ___ |

ARE ANY OF YOUR CHILDREN ENROLLED WITH ANOTHER TRIBE OR BAND IN NORTH AMERICA? _____ YES ___ NO ___

NAME OF CHILDREN ENROLLED WITH OTHER TRIBE OR BAND: _____

NAME OF TRIBE OR BAND: _____

IS THIS TRIBE OR BAND FEDERALLY RECOGNIZED? _____ YES ___ NO ___

In executing the foregoing application and making the statements therein set forth and attached thereto, I am fully aware of the provisions of section 1001 title 18, U.S.C, providing in effect that any person or persons in connection with "any matter with the jurisdiction of any department or agency of the United States who knowingly and willfully falsifies, or covers up by any trick, scheme or misrepresentation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000.00 or imprisoned not more than five years, or both."

Applicant's Signature _____ Date _____ Tribal Registrar's Signature _____ Date _____