



Application to be enrolled with  
 Central Council of Tlingit & Haida  
 Indian Tribes of Alaska  
 Attn: Program Compliance  
 320 W. Willoughby Ave., Suite 300, Juneau, AK 99801

**ATTENTION: MEMBERSHIP IS LIMITED TO TLINGITS AND HAIDAS.**  
Front and Back Must Be Complete

Full Name: \_\_\_\_\_  
 Other Names Used (Maiden, Etc.): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Phone No: (     ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Indicate: \_\_\_\_\_ Natural \_\_\_\_\_ Adopted  
 Soc. Sec. No.: \_\_\_\_\_ Moiety: \_\_\_\_\_ Eagle \_\_\_\_\_ Raven    Clan: \_\_\_\_\_

Application Filed By: <input type="checkbox"/> Self <input type="checkbox"/> *Parent <input type="checkbox"/> *Sponsor *(complete below)
Name of Person Filing Application: <input style="width: 90%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>
Relationship to Applicant: <input style="width: 95%;" type="text"/>

**Voting Community**

Please complete only if you live 100 miles outside of one of the communities listed below. Check one only.

Anchorage	Angoon	Craig	Haines	Hoonah	Hydaburg
Juneau	Kake	Kasaan	Ketchikan	Klawock	Klukwan
Metlakatla	Pelican	Petersburg	Saxman	Sitka	Wrangell
Yakutat	Seattle	San Francisco			

**One or more of the following documents is required for verification. Incomplete application will be returned.**

- A Certified Birth Certificate (Listing one or both parents.) Photo copies not accepted.
- Paternity Papers (Required Native parent is not on birth certificate)

**Notice of False or Misleading Information:** If any statements are proven to be misleading or false, penalties may include: delay, disenrollment, criminal or civil charges filed against applicant or sponsor.

**Privacy Act Notification:** All enrollment information will remain confidential.

I hereby certify that the statements given above for the purpose of Tlingit and Haida enrollment are correct and true.

\_\_\_\_\_

SignatureDate

CENTRAL COUNCIL

*Tlingit and Haida Indian Tribes of Alaska*

Program Compliance • Family Tree

Legend

DOB - Date of Birth

Enroll # - Enrollment Number

Other Relatives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant:**

**Siblings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural  
Father :**

\_\_\_\_\_  
DOB                                  Enroll #  
Fathers Siblings:

\_\_\_\_\_

\_\_\_\_\_

**Natural  
Mother:**

\_\_\_\_\_  
DOB                                  Enroll #  
Mothers Siblings:

\_\_\_\_\_

\_\_\_\_\_

**Father:**

\_\_\_\_\_  
DOB                                  Enroll #

**Mother:**

\_\_\_\_\_  
DOB                                  Enroll #

**Father:**

\_\_\_\_\_  
DOB                                  Enroll #

**Mother:**

\_\_\_\_\_  
DOB                                  Enroll #

**Father:**

**Mother:**

**Father:**

**Mother:**

**Father:**

**Mother:**

**Father:**

**Mother:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_