The Native Village of Eyak
P.O. Box 1388
Cordova, Alaska 99574-1388
Ph (907) 424-7738 Fax (907) 424-7739

APPLICATION FOR TRIBAL ENROLLMENT

Applicant Full Name: _____
Last First Middle

Maiden Name or Other Name by which known: _____

Mailing Address: _____

_____
City State Zip Code

Telephone Number _____ Email address

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Ancestor through whom enrollment rights are claimed:

Name: _____ Relationship _____

DEGREE OF INDIAN BLOOD CLAIMED:

Tribe/degree _____ Other/degree _____ Total degree of Indian Blood _____

Are either of your parents enrolled as a member of another tribe? YES ☐ NO ☐
If yes, which parent and with what tribe? _____
Is applicant an adopted child? YES ☐ NO ☐
Is applicant enrolled with another Tribe? YES ☐ NO ☐
Is applicant a direct lineal descendant of a member of the Tribe? YES ☐ NO ☐

A copy of Certificate of Indian Blood, Birth Certificate, Baptismal Record or other Proof of Birth and Parentage MUST BE SUBMITTED WITH THIS APPLICATION

_____ _____
Signature of Adult Applicant or Sponsor **Date**
If sponsored application, relationship of sponsor to applicant: _____

Recommendation of Enrollment Committee Approve ☐ Reject ☐	Action by Native Village of Eyak Traditional Council Approve ☐ Reject ☐
Reason(s):	Reason(s):
	VOTE: For: Against:
	Date of Meeting: