



**Native Council of Port Heiden**  
**PO Box 49007**  
**Port Heiden, Alaska 99549**  
**907-837-2296 907-837-2297 (fax)**

## Application for Traditional Tribal Membership

*If Applicant is under 18 years of age, this application should be filled out and signed by parents.*

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Sex:** Male or Female **Birthdate:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
**Degree of Alaska Native Blood:** \_\_\_\_\_ **Other:** \_\_\_\_\_  
 If married, Name of Spouse: \_\_\_\_\_  
 Maiden name/Other names used: \_\_\_\_\_

Name of Natural Parents	Tribe	Degree of Native Blood
<b>Mother:</b> _____	_____	_____
<b>Father:</b> _____	_____	_____
Name of Grand Parents	Tribe	Degree of Native Blood
<b>Mother's Mother:</b> _____	_____	_____
<b>Mother's Father:</b> _____	_____	_____
<b>Father's Mother:</b> _____	_____	_____
<b>Father's Father:</b> _____	_____	_____

**Is the applicant enrolled in any other Tribe? (circle one)    Yes    No**  
 If yes, what is the name of the tribe \_\_\_\_\_

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

**Applicant's Signature**  
 (if under 18, parents sign below) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Mother** \_\_\_\_\_ **Applicant's Father** \_\_\_\_\_

**OFFICE USE:**  
**Received Date:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Date Approved by Council** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*Attach copy of proof of Native Blood (BIA Blood Quantum), copy Birth Certificate, and a copy of social security card**

# FAMILY ANCESTRY CHART

