TRIBAL ENROLLMENT APPLICATION INSTRUCTIONS

Please read the following instructions carefully

1. **Enrollment Application and Family Tree**
   When filling out the enrollment application, be sure to fill out every line and question. Print clearly in **BLACK** or **BLUE** ink **ONLY**. Application must be signed.

2. **State Certified Birth Certificate**
   All persons applying for Enrollment with the Kenaitze Indian Tribe must include a **CLEAN**, colored copy of their birth certificate with their completed application.

3. **Adoption Documents (*if applicable*)**
   This shall include an original birth certificate showing biological parents names prior to adoption, court order, and birth certificate after adoption.

4. **Copy of Marriage License (*if applicable*)**
   If the last name on the Enrollment application is different than the last name on the original birth certificate due to marriage, a copy of your marriage certificate showing the name change will be required.

**IMPORTANT ENROLLMENT INFORMATION**

- **Dual enrollment is prohibited under Article IV, Section 5 of the Kenaitze Indian Tribe Constitution:** “No person shall be enrolled as a member of the Kenaitze Indian Tribe who is a member of another Indian Tribe.” You must provide proof of relinquishing all rights with the other Tribe before your application can be completed. It is strongly recommended you speak with Enrollment staff prior to relinquishing to make sure you are eligible for Enrollment with the Kenaitze Indian Tribe.

- Only Applicants over 18 years of age, parent(s) (if applicant is under 18 years of age, parents or legal guardians (court guardianship papers required) are able to sign applications or get information regarding enrollment status.

- Family Tree—This information pertains to the applicant. Please complete the family tree in its entirety and to the best of your ability. Include names, maiden names, dates of birth, and dates of passing if necessary. If you do not know all of the information, fill out as much as you do know.

- All applications that are incomplete will be returned with a list of items required to complete it.

- Enrollment applications are reviewed by the Enrollment committee on a monthly basis.

- Applicants are not considered Kenaitze Tribal Members until voted on by the General body at the Kenaitze Indian Tribes Annual General Membership meeting which is held the first Saturday of October.

**Applications and supporting documents can be mailed to:**

Kenaitze Indian Tribe  
ATTN: Enrollment  
P.O BOX 988  
Kenai, Alaska 99611
TRIBAL ENROLLMENT APPLICATION

SECTION A: APPLICANT INFORMATION

FIRST NAME ______________________ MIDDLE ______________________ LAST NAME ______________________

DATE OF BIRTH ______________________ PLACE OF BIRTH (CITY/STATE) ______________________

MAILING ADDRESS ______________________ CITY ______________________ STATE ______________________ ZIP ______________________

PHYSICAL ADDRESS ______________________ CITY ______________________ STATE ______________________ ZIP ______________________

PHONE NUMBER ______________________ E-MAIL ______________________

SECTION B: ENROLLMENT INFORMATION

PERSON YOU CLAIM LINEAL DESCENDANCY FROM ______________________

KENAITZE ENROLLMENT NUMBER ______________________

ARE YOU ENROLLED IN ANOTHER TRIBE? YES / NO

IF YES, PLEASE NAME TRIBE ______________________
SECTION C: BIOLOGICAL MOTHERS INFORMATION

FIRST NAME ___________________________ MIDDLE ___________________________ LAST NAME ___________________________

MAIDEN NAME ___________________________

DATE OF BIRTH ___________________________ PLACE OF BIRTH ___________________________

ENROLLED MEMBER OF KENAITZE INDIAN TRIBE? YES / NO ___________________________

KENAITZE ENROLLMENT NUMBER ___________________________

SECTION D: BIOLOGICAL FATHERS INFORMATION

FIRST NAME ___________________________ MIDDLE ___________________________ LAST NAME ___________________________

DATE OF BIRTH ___________________________ PLACE OF BIRTH ___________________________

ENROLLED MEMBER OF KENAITZE INDIAN TRIBE? YES / NO ___________________________

KENAITZE ENROLLMENT NUMBER ___________________________

SECTION E: ADOPTION INFORMATION-IF APPLICABLE

ADOPTIVE MOTHERS NAME ___________________________

ADOPTIVE FATHERS NAME ___________________________

STATE ADOPTION TOOK PLACE ___________________________
SECTION F: CERTIFICATION AND RELEASE OF INFORMATION

The following authorizes a release of information. This release allows Kenaitze Indian Tribe enrollment staff to verify enrollment and/or eligibility of enrollment with the Kenaitze Indian Tribe.

Please initial

_______ YES, I authorize enrollment staff to verify my enrollment and/or eligibility as needed with other entities within the Tribe.

_______ NO, I DO NOT authorize enrollment staff to verify my enrollment and/or eligibility as needed with other entities within the Tribe.

I, ______________________________ certify that the information provided is true to the best of my knowledge and that the applicant named is a direct lineal descendant of the Kenaitze Indian Tribe.

______________________________  ______________________________
Signature                                      Date

Printed Name of person who signed application

Application signer is:

[ ] Applicant
   (not to be signed by minor child)

[ ] Parent

[ ] Legal Guardian
   (must have guardianship paper)
# Kenaitze Indian Tribe Family Tree

## YOUR FATHER

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
<th>Death Date:</th>
<th>KIT #:</th>
</tr>
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</table>

## YOUR MOTHER

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
<th>Death Date:</th>
<th>KIT #:</th>
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</table>

## YOU/APPLICANT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
<th>KIT #:</th>
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## PATERNAL GRANDFATHER

<table>
<thead>
<tr>
<th>Name:</th>
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## PATERNAL GREAT-GRANDFATHER

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
</table>

## Base Roll Member:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
<th>Death Date:</th>
<th>KIT #:</th>
</tr>
</thead>
</table>

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Kenaitze Indian Tribe Family Tree