KENAITZE INDIAN TRIBE
P.O BOX 988 KENAI, ALASKA 99611
907-335-7200

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 Indan 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 Regulations
Ordinance No. 2016.01

I. Membership Criteria

1. ***Base Members:*** The base membership of the Kenaitze Indian Tribe shall consist of (1) All persons of Alaska Native descent whose names appear on the membership roll approved by the Department of the Interior on June 21st, 1971, and (2) all direct lineal descendants of those members listed on the June 21, 1971 roll, who are enrolled in the Tribe before the adoption of the Tribal Constitution, who possess at least one-quarter degree Kenaitze Indian blood, and (3) all individuals who were adopted into the Tribe pursuant to ***Tribal Ordinance #3***, enacted on May 14, 1983 and rescinded on May 26, 1990.

2. ***Future Members:*** Any lineal descendant of a base enrollee as set forth in Section 1 of the Tribal Constitution, who has a common bond or close association with the Kenaitze Indian Tribe, as defined in a duly adopted ordinance, may upon application, be enrolled as a member of the Kenaitze Indian Tribe.

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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

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

PATERNAL GREAT-GRANDFATHER

Name:

Birth Date: Death Date:

KIT #:

PATERNAL GRANDFATHER

Name:

Birth Date:

Death Date:

KIT #

PATERNAL GREAT-GRANDMOTHER

Name:

Birth Date: Death Date:

KIT #:

YOUR FATHER

Name:

Birth Date:

Death Date:

KIT #:

PATERNAL GREAT-GRANDFATHER

Name:

Birth Date: Death Date:

KIT #:

PATERNAL GRANDMOTHER

Name:

Birth Date:

Death Date:

KIT #:

PATERNAL GREAT-GRANDMOTHER

Name:

Birth Date: Death Date:

KIT #:

YOU/APPLICANT

Name:

Birth Date:

MATERNAL GREAT-GRANDFATHER

Name:

Birth Date :   Death Date:

KIT #:

MATERNAL GRANDFATHER

Name:

Birth Date:

Death Date:

KIT #:

MATERNAL GREAT-GRANDMOTHER

Name:

Birth Date: Death Date:

KIT #:

YOUR MOTHER

Name:

Birth Date:

Death Date:

KIT #:

MATERNAL GREAT-GRANDFATHER

Name:

Birth Date: Death Date:

KIT #:

MATERNAL GRANDMOTHER

Name:

Birth Date:

Death Date:

KIT #:

MATERNAL GREAT-GRANDMOTHER

Name:

Birth Date: Death Date:

KIT #: