NORTHERN CHEYENNE ENROLLMENT

IN THE PROCESS OF REVIEWING THE APPLICATION(S)
FOR MEMBERSHIP INTO THE NORTHERN CHEYENNE TRIBE
THE INFORMATION MUST BE FURNISHED TO THIS OFFICE:

CERTIFIED BIRTH CERTIFICATE
With the parent(s) listed. Informational copies, photo copies, any birth certificate without
the parents listed are NOT used.

MARRIAGE CERTIFICATE
Must be furnished by Ordinance No 4(85) Section 12. A birth Certificate showing
the name of a person as the Father cannot be the only support of paternity.

UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT
must be furnished to establish the fact.

APPLICANT'S MOTHER/FATHER ENROLLED IN ANOTHER TRIBE
A written verification of Blood Degree and CDIB from the Tribe where he/she is enrolled
must be furnished and a written letter stating applicant is not enrolled nor has a
pending application with said Tribe.

REMEMBER:
GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE
NORTHERN CHEYENNE TRIBE IS THE RESPONSIBILITY OF
THE PARENTS OR LEGAL GUARDIAN BY ORDINANCE.
APPLICATION FOR ENROLLMENT IN THE NORTHERN CHEYENNE TRIBE

NAME OF APPLICANT: ____________________________

   Last                 First                  Middle

ADDRESS OF APPLICANT: ____________________________

   Street or Box            City                ST       Zip Code

SEX: ___________ DATE OF BIRTH: _______________ PHONE: _______________

YOU MUST SUBMIT TO THIS OFFICE A CERTIFIED BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MUST SHOW
THE NAMES OF THE NATURAL PARENTS.

PLACE OF BIRTH: ____________________________

   CITY                COUNTY              STATE

FATHER'S NAME: _______________________________________

MOTHER'S NAME: _______________________________________

A COPY OF THE MARRIAGE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION. IN CASES OF
UNMARRIED PARENTS, IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR ENROLLMENT WITH
THE BENEFIT OF THE FATHER’S DEGREE OF INDIAN BLOOD, YOU MUST SUBMIT TO THIS OFFICE A
NOTARIZED AFFIDAVIT ESTABLISHING PATERNITY. A MARRIAGE CERTIFICATE AND/OR NOTARIZED
AFFIDAVIT WILL BE THE DOCUMENTS USED TO ESTABLISH PATERNITY

IS THE APPLICANT PRESENTLY ENROLLED WITH ANOTHER TRIBE? ______YES ______NO. IF
YES YOU MUST SUBMIT TO THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE ALONG WITH A
RELINQUISHMENT FORM.
ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? YES, ________ NO

IF YES, YOU MUST FURNISH THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE. WRITTEN VERIFICATION OF NONENROLLMENT OF APPLICANT FROM PARENT'S TRIBE

COMPLETE THE FAMILY ANCESTRY CHART ON THE NEXT PAGE, TO THE BEST OF YOUR KNOWLEDGE AND ABILITY.

ALL DOCUMENTS SUBMITTED BECOME THE SOLE PROPERTY OF THE NORTHERN CHEYENNE TRIBE AND WILL NOT BE REPRODUCED OTHER THAN FOR THE USE OF THE NORTHERN CHEYENNE TRIBE. THE ORIGINAL DOCUMENTS WILL BE CERTIFIED AND RETURNED BY THE ENROLLMENT CLERK. THE CERTIFIED COPY WILL NOT BE RELEASED FOR ANY OTHER USE UNLESS A WRITTEN FORM IS SIGNED BY THE APPLICANT, IN ACCORDANCE WITH THE PRIVACY ACT, 5 USC 522a(1)(1)

THE APPLICANT VERIFIES THAT THE REQUIRED DOCUMENTS ARE TRUE AND CORRECT, ANY INFORMATION FRAUDULENTLY SUBMITTED WILL JEOPARDIZE THE ENROLLMENT PROCESS AND MAY BE USED FOR REMOVAL OF THE APPLICANT FROM THE MEMBERSHIP ROLL.

DATE: ___________________ SIGNATURE ___________________

SIGNATURE OF PARENT / APPLICANT

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PLEASE DO NOT WRITE IN SPACE BELOW- FOR OFFICE USE ONLY

NAME AND ID NUMBER

N.CHEYENNE TOTAL INDIAN BLOOD

FATHER: ___________________________ ___________________________

ID NUMBER: ___________________________ ___________________________

MOTHER: ___________________________ ___________________________

ID NUMBER: ___________________________ ___________________________

CHILD: ___________________________ ___________________________
PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

<table>
<thead>
<tr>
<th>CHILD'S NAME (First, Middle, Last)</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF BIRTH</td>
<td>HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))</td>
<td>MOTHER'S DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)</td>
<td>MOTHER'S RACE</td>
<td>MOTHER'S SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>FATHER'S NAME (First, Middle, Last)</td>
<td>FATHER'S RACE</td>
<td>FATHER'S DATE OF BIRTH</td>
</tr>
<tr>
<td>FATHER'S ANCESTRY</td>
<td>Education (Elementary/Secondary) (0-12 College (1-4 or 5+))</td>
<td>FATHER'S SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)</td>
<td>FATHER'S OCCUPATION</td>
<td>FATHER'S PLACE OF EMPLOYMENT</td>
</tr>
</tbody>
</table>

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. If you wish to withdraw this Acknowledgment, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.**

PLEASE PRINT/SIGN HARD USING A BALL POINT PEN

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature __________________________
Address __________________________________
City, State, Zip ________________
State of ________________
County of ________________
On this _______ day of __________________

I, ___________________________, personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.

Notary Public __________________________
Residing at ____________________________
My commission expires __________________

Father's Signature __________________________
Address __________________________________
City, State, Zip __________________________
Phone Number ____________________________
State of ____________________________
County of ____________________________
On this _______ day of __________________

I, ___________________________, personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.

Notary Public __________________________
Residing at ____________________________
My commission expires __________________

(Seal)
NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

State of ___________________________    
County of ___________________________  

I, ________________________________, signed an acknowledgment of paternity for ____________________________ on _______________________________.

(Child’s name)  
(Date)  

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within 60 days of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department’s vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Date ___________________________  
Signature ___________________________

SUBSCRIBED AND SWORN TO before me, a Notary Public for the State of Montana, on the date written above.

(SEAL)  
Notary Public  
Printed Name: ___________________________  
Residing at: ___________________________  
My Commission Expires: ___________________________

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document:

IN PERSON:
DPHHS
Office of Vital Statistics
111 Sanders St., Rm 6
Helena, MT 59620

BY MAIL:
DPHHS
Office of Vital Statistics
PO Box 4210
Helena, MT 59604-4210
APPLICATION CHECK LIST
(MUST BE COMPLETED BY PARENTS OR LEGAL GUARDIANS)

CHECK LIST

_____Mother (enrolled)  _____Father (enrolled)  _____Descendant

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_____Application is signed and dated by parent/legal guardian and documents in front of a notary. Required are included. (Copies and faxes are not acceptable)

_____Applicants Original Birth Certificate is enclosed. (Copies and faxes are not acceptable)

_____Marriage Certificate or Paternity Statement if the Father is included.
(Father’s side is required)

_____Certificate of Indian Blood of parent enrolled in another Tribe, letter stating that applicant is not enrolled nor has a pending application with other Tribe

_____Applicants family tree is completed.

_____Permanent court orders only. Temporary court orders will not be Considered. (Copies and faxes are not acceptable)

_____Descendant applications need to provide Certified Birth Certificates for Each generation going back to the enrolled Northern Cheyenne Tribal member. (Copies and faxes are not acceptable)

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NOTARIZED ACKNOWLEDGEMENT
I verify that all required documents are enclosed and completed. I understand that all incomplete applications will not be processed.

____________________________________________________________________________

Parent or Legal Guardian

Date: _______________________

SUBSCRIBED AND SWORN TO ME THIS _____DAY OF _____2016

NOTARY FOR THE STATE OF MONTANA
RESIDING IN:
MY COMMISSION EXPIRES: ______________________