NORTHERN CHEYENNE
APPLICATION FOR
TRIBAL ENROLLMENT

THE GREAT SEAL OF THE
NORTHERN CHEYENNE TRIBE
NORTHERN CHEYENNE ENROLLEMENT

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

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CERTIFIED BIRTH CERTIFICATE

With the parent(s) listed. Informational copies, photo copies, and any birth certificate without the parents listed are NOT USED OR ACCEPTED.

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MARRIAGE CERTIFICATE

Must be furnished by Ordinance No. 4(85) Sec. 12. A Birth Certificate showing the name of a person as the father CANNOT be the only support of paternity.

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UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT

Must be furnished to establish the fact.

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APPLICANT'S MOTHER/FATHER WHO IS ENROLLED IN ANOTHER TRIBE

A written verification of Blood Degree and CDIB from the tribe where he/she is enrolled must be furnished. A written letter stating applicant is NOT enrolled nor has a pending application with said tribe. The information must be provided and written by said tribe.

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REMEMBER!

GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE NORTHERN CHEYENNE TRIBE IS THE RESPONSIBILITY OF THE PARENTS OR LEGAL GUARDIAN BY THE ORDINANCE.

THE BURDEN OF PROOF IS ON THE APPLICANTS!
APPLICATION FOR ENROLLMENT

NAME OF APPLICANT: ____________________________
   FIRST    MIDDLE    LAST

P.O BOX:  __________________  CITY:  __________________  STATE:  __________

ZIPCODE:  __________________  STREET:  __________________

SEX:  ________  DATE OF BIRTH:  ___________  PHONE:  (____)  _______  ________

PLACE OF BIRTH:  ____________________________
   CITY  COUNTY  STATE

BIRTH FATHER’S NAME:  ______________________  DOB:  __________

TRIBE, IF APPLICABLE:  ______________________

BIRTH MOTHER’S NAME:  ______________________  DOB:  __________

TRIBE, IF APPLICABLE:  ______________________


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

NAME AND ID NUMBER  NORTHERN CHEYENNE  TOTAL NATIVE BLOOD

FATHER:  ________________  ________________  ________________

ID NUMBER:  ________________  ________________  ________________

MOTHER:  ________________  ________________  ________________

ID NUMBER:  ________________  ________________  ________________

APPLICANT:  ________________  ________________  ________________
Northern Cheyenne Tribe
P.O. Box 128
600 Cheyenne Ave S
Lame Deer, MT 59043

ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? YES _______ NO _______

IF YES, YOU MUST FURNISH A WRITTEN VERIFICATION OF BLOOD DEGREE. A WRITTEN
VERIFICATION OF NON ENROLLMENT OF APPLICANT'S PARENTS TRIBE. INFORMATION MUST BE
PROVIDED AND WRITTEN BY SAID TRIBE.

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

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

NOTARIZED ACKNOWLEDGEMENT

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 VERIFIED AND KEPT IN THE APPLICANTS FILE, THE CERTIFIED DOCUMENT WILL NOT BE RELEASED FOR ANY
OTHER USE UNLESS WRITTEN PERMISSION IS GIVEN BY THE APPLICANT IN ACCORDANCE WITH THE PRIVACY ACT 5
USC 533a(L)(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 ROLES.

__________________________________________
SIGNATURE

__________________________________________
DATE

__________________________________________
PRINT NAME

SUBSCRIBED AND SWORN TO ME THIS ___________ DAY OF ___________________ 20 _______.

__________________________________________
NOTARY SIGNATURE

NOTARY FOR THE STATE OF: ___________
RESIDING IN ___________________ CITY AND COUNTY
MY COMMISSION EXPIRES: ___________
FAMILY ANCESTRY CHART

Applicant's Name

Father
DIB & TA: ______________________

Paternal Grandfather
DIB & TA: ______________________

Great-Grandfather
DIB & TA: ______________________

Great-Grandmother
DIB & TA: ______________________

Paternal Grandmother
DIB & TA: ______________________

Great-Grandfather
DIB & TA: ______________________

Great-Grandmother
DIB & TA: ______________________

Mother
DIB & TA: ______________________

Maternal Grandfather
DIB & TA: ______________________

Great-Grandfather
DIB & TA: ______________________

Great-Grandmother
DIB & TA: ______________________

Maternal Grandmother
DIB & TA: ______________________

Great-Grandfather
DIB & TA: ______________________

Great-Grandmother
DIB & TA: ______________________

DIB = Degree of Indian Blood
TA = Tribal Affiliation
# Paternity Acknowledgment

**Montana Department of Public Health & Human Services**

**Vital Records & Statistics Bureau**

**PO Box 4210**

**Helena, MT 59604-4210**

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## 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>Mother's Social Security Number</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)</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>

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## 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 Acknowledgement, 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 I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. 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 ______, 20___

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)

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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.

**Father's Signature**

**Address**

City, State, Zip: ____________________________

State of: ____________________________

Phone Number: ____________________________

County of: ____________________________

On this ______ day of ______, 20___

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)
APPLICATION CHECK LIST  
(MUST BE COMPLETED BY PARENTS OR LEGAL GUARDIANS)

CHECK LIST
____ Mother (enrolled)   ____ Father (enrolled)   ____ Descendant

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)

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

_________________________________________  Date: ________________
Parent or Legal Guardian

SUBSCRIBED AND SWORN TO ME THIS _____DAY OF _____ 2016

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