

Phone or message # _____

**APPLICATION FOR ENROLLMENT
YANKTON SIOUX TRIBE OF INDIANS**

APPLICANT'S SOCIAL SECURITY NUMBER

DATE RECEIVED BY ENROLLMENT

NAME: _____
(APPLICANT'S NAME) (SEX)

INDIAN, MAIDEN OR OTHER NAME BY WHICH YOU ARE KNOWN: _____

ADDRESS: _____ PLACE OF BIRTH: _____

DATE OF BIRTH: _____ DEGREE OF YANKTON SIOUX INDIAN BLOOD: _____ OTHER INDIAN BLOOD OTHER TRIBE(S): _____

ENROLLED WITH ANOTHER TRIBE? YES: ____ NO: ____, IF YES, NAME OF TRIBE: _____

NAME OF ANCESTER ON OCTOBER 6, 1972 BASE ROLL: _____ RELATIONSHIP: _____

FAMILY HISTORY

FATHER: _____ DEGREE OF INDIAN BLOOD YANKTON SIOUX AND/OR OTHER: _____

ENROLLED WITH ANOTHER TRIBE? YES: ____ NO: ____, IF YES NAME OF TRIBE: _____

FATHER'S FATHER: _____ BLOOD DEGREE: _____

FATHER'S MOTHER: _____ BLOOD DEGREE: _____

MOTHER: _____ DEGREE OF INDIAN BLOOD YANKTON SIOUX AND/OR OTHER: _____

ENROLLED WITH ANOTHER TRIBE? YES: ____ NO: ____, IF YES NAME OF TRIBE: _____

MOTHER'S FATHER: _____ BLOOD DEGREE: _____

MOTHER'S MOTHER: _____ BLOOD DEGREE: _____

DATE

SIGNATURE OF APPLICANT

IF FILING APPLICATION ON BEHALF OF A MINOR:

NAME: _____

ADDRESS _____

RELATIONSHIP TO APPLICANT: _____

(INDICATE WHETHER PARENT, GUARDIAN/ LEGAL REPRESENTATIVE)