Office telephone:
775/757-2921

APPLICATION FOR ENROLLMENT
SHOSHONE-PAIUTE TRIBES
of the
DUCK VALLEY INDIAN RESERVATION

Office fax:
775/757- 2910

Date Issued _____ **Date Received** _____

NAME OF APPLICANT: _____
(Last) (First) (Middle)

MAIDEN or OTHER NAME BY WHICH KNOWN: _____

CURRENT MAILING ADDRESS: _____
(Street or Post Office Box Number)

TELEPHONE NO. (optional) _____
(City) (State) (Zip Code)

MANDATORY REQUIREMENT - CERTIFIED BIRTH CERTIFICATE (Original)

Sex: _____ Date of Birth: _____ Social Security No. _____-_____-_____

Place of Birth: _____

Are you? ( ) Single ( ) Widowed ( ) Divorced ( ) Other
( ) Married ( ) Separated ( ) Adopted

If married, give name of husband or wife: _____

Degree of Indian blood claimed: _____ (Shoshone) _____ (Paiute) _____ Other Indian) _____ (Other)

Does your name appear on the Official Census Roll of the Western Shoshone Reservation as of January 1, 1935? ( ) Yes ( ) No

If NOT, give name of parent(s) and/or grandparent(s) whose name appear on the Census Roll of January 1, 1935.

NAME: _____ Relationship to Applicant: _____

NAME: _____ Relationship to Applicant: _____

Do you have an allotment or possess land assignment on another Indian Reservation, Colony or Tribal Group?

_____ _____
(Name of Reservation, colony or group) (Where?)

Are you now enrolled, or eligible for enrollment on another Indian Reservation, or Colony other than Duck Valley? ( ) Yes ( ) No ( ) Where? _____

If my application is approved, I shall relinquish all claims to tribal membership in the other tribe. ( ) Yes ( ) No

BOTH BOXES BELOW MUST BE COMPLETED BY PERSON FILING THIS APPLICATION!

I certify that I, _____ AM NOT an adopted child and
(NAME OF PERSON COMPLETING THIS APPLICATION)
the person or descendant by blood of the person through whom eligibility is claimed.

I solemnly swear that the foregoing statements made by me are true to the best of my knowledge and belief.

_____ _____
SIGNATURE of **APPLICANT** or **PERSON COMPLETING** this APPLICATION DATE

TO BE COMPLETED BY PARENT OR GUARDIAN FILING ON BEHALF OF A CHILD OR PERSON OTHER THAN APPLICANT.

Reason you are filing on behalf of this Applicant: _____

_____

State your relationship to Applicant: _____

_____ _____
SIGNATURE DATE

#1. PLEASE RETURN COMPLETED APPLICATION TO:

Enrollment Services Program
SHOSHONE-PAIUTE TRIBES
P.O. Box 219
Owyhee, NV 89832

#.2

FAMILY TREE

Fill out as accurately as possible

*SPECIFY *IF* EITHER PARENT IS **Non-Indian**

APPLICANT

DOB: _____

PAIUTE	
SHOSHONE	
TOTAL SHO-PAI	
OTHER INDIAN BLOOD	
TOTAL INDIAN BLOOD	

FATHER
If Indian, State:
Tribe: _____
Reservation _____
Date of Birth: _____
ENROLLMENT NO. _____
( ) NON INDIAN

MOTHER
If Indian, State:
Tribe: _____
Reservation _____
Date of Birth: _____
ENROLLMENT NO. _____
( ) NON INDIAN

GRANDFATHER
If Indian, State:
Tribe: _____
Reservation: _____

GRANDMOTHER
If Indian, State:
Tribe: _____
Reservation: _____

GRANDFATHER
If Indian, State:
Tribe: _____
Reservation: _____

GRANDMOTHER
If Indian, State:
Tribe: _____
Reservation: _____

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