



Cheesh'na Tribal Council  
HC01 Box 217  
Gakona, AK 99586  
907-822-3503

## Tribal Enrollment Form

Full Name: \_\_\_\_\_ Gender:  Female  Male

Applicants Maiden Name or Other Name Applicant is Known By: \_\_\_\_\_

Applicants Native Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Base Roll Member  Yes  No

Place of Birth: \_\_\_\_\_ Clan: \_\_\_\_\_

Race:  Alaska Native  American Indian  Asian  African American  Hispanic/Latino  
 Native Hawaiian or Pacific Islander  Caucasian/White  Mixed Race

Hair Color:  Brown  Black  Blond  Auburn  Chestnut  Red  Grey  White  Bald

Eye Color:  Brown  Blue  Gray  Green  Hazel  Violet

Mailing Address: \_\_\_\_\_  
Address City State Zip

Physical Address: \_\_\_\_\_  
Address City State Zip

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Message Telephone: \_\_\_\_\_

Biological Mother: \_\_\_\_\_ Biological Father: \_\_\_\_\_

Mother Clan: \_\_\_\_\_ Father Clan: \_\_\_\_\_

BIA CIB Degree of Native Blood Claimed: \_\_\_\_\_  
*Athabascan Aleut Tlingit Eskimo Other (specify) Total*

**Tribal Enrollment:**

**Tribe:** \_\_\_\_\_ **Clan:** \_\_\_\_\_ **Enrollment#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tribe:** \_\_\_\_\_ **Clan:** \_\_\_\_\_ **Enrollment#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tribe:** \_\_\_\_\_ **Clan:** \_\_\_\_\_ **Enrollment#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mothers Enrolled Tribe:** \_\_\_\_\_ **Fathers Enrolled Tribe:** \_\_\_\_\_

**Maternal Grandmother:** \_\_\_\_\_ **ANSCA Enrollment Information:** \_\_\_\_\_

**Maternal Grandfather:** \_\_\_\_\_ **ANSCA Enrollment Information:** \_\_\_\_\_

**Paternal Grandmother:** \_\_\_\_\_ **ANSCA Enrollment Information:** \_\_\_\_\_

**Paternal Grandfather:** \_\_\_\_\_ **ANSCA Enrollment Information:** \_\_\_\_\_

**ANSCA Corporate Shares:**

**Corporation:** \_\_\_\_\_ **# Shares:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_ **# Shares:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_ **# Shares:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**I H S Record Number:** \_\_\_\_\_ **Local I H S Provider/Clinic:** \_\_\_\_\_

**Additional Notes or Attachments:** \_\_\_\_\_

**Certified Birth Certificate on File:**     Yes     No

**Certificate of Indian Blood on File:**     Yes     No

*Please attach or email a recent photo for identification card or request a digital photo be taken at the tribal office.*

*For Tribal Enrollment Staff Only:*

**Date Entered in RiteTrack:** \_\_\_\_\_ **Initials of Data Entry Personnel:** \_\_\_\_\_