



Village of Solomon Box 2053 Nome Alaska 99762 phone 907 443-4985 fax 907 443-5189

TRIBAL ENROLLMENT APPLICATION

Applicant's Full Name: _____

Alaska Native/Indian or other names by which known: _____

Permanent Mailing Address: _____

Current Mailing Address: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Social Security Number: _____ Phone # _____ Email address: _____

Ancestor through whom enrollment rights are claimed:

Name(s) & Relationship(s): _____

Native Blood Degree Claimed: _____
AK Native Other/degree Total degree of AK/Indian Blood

Were parents enrolled as a member of another tribe? _____ Yes _____ No

If YES, which parent and with which tribe: _____

Is applicant an adopted child? _____ Yes _____ No

Is applicant a direct lineal descendant of a member of the tribe (Village of Solomon) _____ Yes _____ No

Is applicant enrolled in another Tribe/Village: _____ Yes _____ No

If YES, name of Tribe/Village: _____

Anyone over the age of 18 CANNOT be enrolled in more than one tribe.

A copy of Certificate of Indian Blood, a birth certificate, or other proof of birth and parentage is required and MUST BE SUBMITTED WITH APPLICATION. By not submitting required documents your application is incomplete and will not be reviewed.

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and that false or misleading information can result in the denial of my application for membership. Furthermore, I understand that the completion of this application does not guarantee my enrollment as a member of the Village of Solomon.

Signature of Adult applicant or Sponsor

Date Signed

If sponsored application, relationship to Applicant: _____