

Application No. _____

Date Received: _____



Flandreau Santee Sioux Tribe Application For Enrollment

**Important – Original Of State Certified Birth Certificate Must Be Attached.
Photo Copy Of Social Security Card Must Be Attached.
Faxed Documents Will Not Be Accepted.**

DNA Analysis Of \$195.00 and Filing Fee Of \$200.00 Required Per Applicant

Remember To Include With The Application The Following:

- 1) Original State Certified Birth Certificate with parents names on it. We will not accept Birth Cards, Hospital Cards, Souvenir Birth Cards, etc.
- 2) Copy Of Social Security Card.
- 3) Custody Papers (if you are not the biological parent)
- 4) Paternity Affidavit (if the father is not on the birth certificate)
- 5) If married/divorced, provide a copy of the marriage certificate or divorce decree, if your name does not match your birth certificate or if you have requested a name change.
- 6) Make sure you have a complete address listed in case there is any questions and also for us to send you your acceptance/denial letter. If we have an incomplete address and we cannot get ahold of you, the application will be set aside until we get the information we need.

The responsibility lies with the applicant/sponsor to provide the Enrollment Office with the necessary legal documents required.

Make Sure To Include All The Above Information Or Your Application Will Be Considered An Incomplete Application And It Will Not Be Processed:

****Please Note: According To Title 11 Enrollment Ordinance, Section 11-1-5:**

Confidentially: Original records related to individual enrollment or membership shall not be removed from the official enrollment records in the Tribal Office, copies may be made only with Prior written approval of the Executive Committee and The Enrollment Office.



Applicant No. _____
Date Received: _____



Flandreau Santee Sioux Tribe Application For Enrollment

Full Name Of Applicant _____

Gender: Female / Male DOB: _____ Social Security Number: _____

Current Address: _____

Phone # _____ Secondary Phone # _____

Have You Ever Been Enrolled With Another Tribe? Yes / No

If Yes, What Tribe? _____

Parental Information:

Fathers Name: _____ DOB: _____

Native American? Yes / No If Yes, What Tribe? _____

Enrollment Number: _____ Degree Of Indian Blood: _____

Paternal Grandfather: _____ DOB: _____

Enrolled Another Tribe? Yes / No If Yes, What Tribe? _____

Paternal Grandmother: _____ DOB: _____

Enrolled With Another Tribe? Yes / No If Yes, What Tribe? _____

Mothers Name: _____ DOB: _____

Native American? Yes / No If Yes, What Tribe? _____

Enrollment Number: _____ Degree Of Indian Blood: _____

Maternal Grandfather: _____ DOB: _____

Enrolled With Another Tribe? Yes / No If Yes, What Tribe? _____

Maternal Grandmother: _____ DOB: _____

Enrolled With Another Tribe? Yes / No If Yes, What Tribe? _____

All Information Contained Herein Is True And Correct To The Best Of My knowledge; I Understand Any False information May Result In The Applicant Being Rejected For Enrollment.

Relation To Applicant: _____ Date: _____

Signature: _____