



YAVAPAI-APACHE NATION

ENROLLMENT DEPARTMENT

2400 West Datsi Street, Camp Verde, Arizona 86322
Phone: (928) 567-1028 or 928-567-1008 Fax: (928) 567-1047

ENROLLMENT APPLICATION

Legal Name of Applicant

Indian, Maiden or Other Names formerly known by

Sex _____ Date of Birth _____ Social Security Number _____

Address: _____ Street or PO Box _____ Telephone _____

City _____ State _____ zip code _____

Degree of Yavapai-Apache _____ other Indian blood _____ Total degree of Indian Blood _____

All applications must include:

- 1. State Certified (full form) Birth Certificate
- 2. Copy of Social Security Card
- 3. Certificate of Indian Blood if either parent is enrolled with another Federally Recognized Indian Tribe
- 4. Acknowledgement of Paternity if parents are not married (only if father is Native American)

** Additional documents may be required

Birth Father _____ Tribe & Tribal ID number _____ Indian Blood Quantum _____

Birth Mother _____ Tribe & Tribal ID number _____ Indian Blood Quantum _____

GRANDPARENT INFORMATION

Paternal Grandfather _____ Tribe & ID number _____ Indian Blood Quantum _____

Paternal Grandmother _____ Tribe & Tribal ID number _____ Indian Blood Quantum _____

Maternal Grandfather _____ Tribe & Tribal ID number _____ Indian Blood Quantum _____

Maternal Grandmother _____ Tribe & Tribal ID number _____ Indian Blood Quantum _____

CERTIFICATION

I hereby certify that _____ for whom this application is being made: (check one of the following)

_____ **Is not an adopted child** and is a direct descendent by blood of a Tribal member of the Yavapai-Apache Nation.

This ancestor is _____ Tribal ID # _____

_____ **Is an adopted child** and is not a direct descendent by blood of a Yavapai-Apache Nation, but is a Native American. The Certificate of Indian Blood, and the legal documentation for this adoption is also included.

I also certify that the information given in this application is true.
I am not a member of another tribe.

Date

Signature of Applicant/Parent/Guardian

Do not write below this line - For use of Enrollment Department Only

We, the Yavapai-Apache Nation Enrollment Committee have reviewed all documents and other supporting paperwork as they pertain to this application.

Recommend **YES** **NO**

Date of Enrollment Committee Meeting

Enrollment Committee Chairperson or Authorized Board member

Date of Council Action

Resolution #

Eligible under:
Article II, Section _____