 Ohkay Owingeh

Tribal Enrollment / Tribal Data Resource

 P.O. Box 1099

 Ohkay Owingeh, NM 87566

 Phone (505) 852-4400

**Ohkay Owingeh**

**Tribal Enrollment Application Information**

Ohkay Owingeh Tribal Council adopted the Tribal Enrollment Ordinance of November 2, 2016

Which requires:

*“A person who descends from an ancestor named on the Base Roll of*

*September 30, 1978 and possesses Ohkay Owingeh blood”*

1. A tribal enrollment application must be completed for every new applicant in its entirety by the applicant or legal guardian.
2. Adult applicants age 18 and older MUST apply for enrollment on their own behalf unless considered incompetent. If the applicant is considered incompetent, you must provide legal documentation to act on their behalf.
3. The following documents are required to be submitted along with the tribal enrollment application:
* Original State Issued Birth Certificate(s) which must name and link person(s) listed on the Base Roll of September 30, 1978 without skipping generations;
* Original Social Security Card;
* Verification of Indian Blood if one parent in an enrolled member of another tribe other than Ohkay Owingeh;
* Family History Chart (Family Tree);
* Notary information and signatures.
1. Once the applicant’s tribal enrollment file is complete, a recommendation will be made to the Tribal Council at a duly called Tribal Council meeting. A sponsor must be obtained by the applicant to address the Tribal Council. The applicant and parent of applicant, if applicant is of minor age, and sponsor must be present at Tribal Council meeting.
2. The Ohkay Owingeh Tribal Council will make the final decision on tribal enrollment.

**Tribal Enrollment applications that do not contain all documents listed above and/or do not contain applicant or notary signatures will not be accepted.**

Return completed applications and documents to the address above either by mail or in person.

Applications that are faxed or emailed will not be accepted.

Ohkay Owingeh

Tribal Enrollment / Tribal Data Resource

 P.O. Box 1099 ~ 220 Popay Avenue

 Ohkay Owingeh, NM 87566

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**TRIBAL ENROLLMENT APPLICATION**

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| **Applicant** |
| **Applicants Full Legal Name:** |
| **Maiden Name (if applicable):** |
| **Date of Birth: / /** | **Gender: Male Female** |
| **Social Security Number:** | **Place of Birth:** |
| **Physical Address:** |
| **Mailing Address:** |
| **Phone #:** |
| **Other Names by which applicant is known:** |

|  |  |
| --- | --- |
| **Full Legal Name of Mother:**  | **(Maiden)** |
| **Date of Birth: / /** | **If deceased, Date: / /** |
| **Social Security Number:** | **Place of Birth:** |
| **Physical Address:** |
| **Mailing Address:** |
| **Phone #:** |
| **Degree of Ohkay Owingeh Blood Claimed:** | **Tribal Enrollment No:** |
| **Enrolled With Another Tribe: If yes, Tribe Name & Degree of Blood & Enrollment No:** |

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| **Full Legal Name of Father:**  |
| **Date of Birth: / /** | **If deceased, Date: / /** |
| **Social Security Number:** | **Place of Birth:** |
| **Physical Address:** |
| **Mailing Address:** |
| **Phone #:** |
| **Degree of Ohkay Owingeh Blood Claimed:** | **Tribal Enrollment No:** |
| **Enrolled With Another Tribe: If yes, Tribe Name & Degree of Blood & Enrollment No:** |

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| **If this application was filled out on behalf of a minor or an incompetent, please complete the section below** |
| **Name of person who filled out application:** | **Phone #:** |
| **Relationship to applicant:** | **Are you the legal guardian? \_\_\_\_\_Yes \_\_\_\_\_No** |
| **Your Physical Address:** |
| **Your Mailing Address:** |

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| **“THE BURDEN OF PROVE FOR ELIGIBILITY LIES WITH THE APPLICANT, PARENT’S AND/OR GUARDIANS OF APPLICANT”** |

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| **Acknowledgment of Liability for Statements** |
| **I hereby certify that the information contained in this application is correct and complete to the best of my knowledge and if found fraudulent in any way may be grounds for removal of the applicants name from the Ohkay Owingeh Tribal Membership Roll. Signature of Applicant and/or guardian gives consent to membership of the Ohkay Owingeh Tribal Membership Roll.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature of Applicant or Legal Guardian Date |

**This area must be signed in the presence of a Notary Public**

The applicant and/or parents/guardians personally appeared before me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant or Father or Guardian Signature of Mother**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Address Physical Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip City, State, Zip**

**Notary Information**

**State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Notary Public Signature of Notary Public**

**My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Office Use Only** |
| **Date Presented to Tribal Council \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Great-Grandfather’s Name

DOB:

Tribe:

Great-Grandmother’s Maiden Name

DOB:

Tribe:

**For Office Use Only**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is listed on the 1978 Base Roll**

Mother’s Maiden Name

DOB:

Tribe:

Grandfather’s Name

DOB:

Tribe:

Father’s Name

DOB:

Tribe:

Grandmother’s Maiden Name

DOB:

Tribe:

Grandfather’s Name

DOB:

Tribe:

Grandmother’s Maiden Name

DOB:

Tribe:

Great-Grandmother’s Name

DOB:
Tribe:

Great-Grandfather’s Name

DOB:

Tribe:

Great-Grandmother’s Name

DOB:
Tribe:

Great-Grandfather’s Name

DOB:

Tribe:

Great-Grandmother’s Maiden Name

DOB:
Tribe:

Great-Grandfather’s Name

DOB:

Tribe:

Applicant Name

DOB:

Tribe:

**Family History Chart/Family Tree**

**You will need to trace back to 1978**