Ohkay Owingeh
Tribal Enrollment Application Information Sheet

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 in its entirety by the applicant or legal guardian. The following documents are required to be submitted along with the tribal enrollment application:

   — Original State Birth Certificate(s) which must name and link person(s) listed on the Base Roll of September 30, 1978 without skipping generations.
   — Social Security Card of Applicant
   — Verification of Indian Blood if one parent is an enrolled member of another tribe other than Ohkay Owingeh. (When Applicable)
   — Family History Chart (Family Tree)
   — Notary information and signatures
   — Photo of Applicant

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

2. Once all documents are received and the applicant’s 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 traditionally. The applicant and parent of applicant, if member is of minor age, and sponsor must be present at Tribal Council meeting.

3. The Ohkay Owingeh Tribal Council will make the final decision on tribal enrollment.

*Return completed applications and documents to the address above either by mail or in person.
Ohkay Owingeh
Tribal Enrollment Application Checklist

Name of Applicant_________________________ Date______________________
Contact Phone Number(s): ____________________________________________
Message Phone Number(s): ____________________________________________
Email: ____________________________

New Enrollment Checklist:

_____ Application and Family History Chart (Family Tree)
_____ Official State Birth Certificate
_____ Social Security Card
_____ Marriage Certificate (When Applicable)
_____ Acknowledgement of Paternity (When Applicable)
_____ Certificate of Indian Blood if one (1) parent is enrolled with other Pueblo/Tribe other than Ohkay Owingeh.

_____ Traditional Sponsor (For Council Meeting)

Name: ____________________________________________
# TRIBAL ENROLLMENT APPLICATION

**Applicant's Name**

*Indian Name __________________________* *Must include if name has been given*

**Gender** Male   Female   **Social Security No** __________________________ **Date of Birth** __________________________

**Physical Address**

**Mailing Address**

City __________________________ St ________ Zip ________

**Place of Birth** __________________________ **Maiden, Nickname or other Names by which applicant is known:** __________________________

Applicants aged 18 & over: Have you ever been convicted of a felony? Yes _____ No _____

**Fathers Full Name** __________________________ **Phone No.** __________________________

**Social Security No** __________________________ **If deceased, Date** __________________________

**Mailing Address**

City __________________________ St ________ Zip ________

**Date of Birth** __________________________ **Place of Birth** __________________________

**Degree of Ohkay Owingeh Blood Claimed** __________________________ **Tribal Enrollment No.** __________________________

Enrolled with another Tribe? _____ If Yes Tribe Name & Degree of Blood and Enrollment No __________________________

**Mothers Full Name** __________________________ **Phone No.** __________________________

**Social Security No** __________________________ **If deceased, Date** __________________________

**Mailing Address**

City __________________________ St ________ Zip ________

**Date of Birth** __________________________ **Place of Birth** __________________________

**Degree of Ohkay Owingeh Blood Claimed** __________________________ **Tribal Enrollment No.** __________________________

Enrolled with another Tribe? _____ If Yes Tribe Name & Degree of Blood and Enrollment No __________________________

Maiden, Nickname or other Names by which Mother is known:

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**Degree of Ohkay Owingeh Blood**

**Degree of Other Indian Blood**

**Total Degree of Indian Blood**

**CIB No** __________________________

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If other than applicant, Name, address and relationship of person filing application
Name __________________________________________ Relationship to Applicant __________________________
Address __________________________________________ City __________ St __________ Zip __________
Phone No. __________________________________________

The following documents must accompany application for review, processing and enrollment purposes. All legal and supportive
documents will be kept as part of the enrollment file. All applications must be notarized and contain all pertinent signatures.
1. Original State Birth Certificate
2. Social Security Card
3. Certificate of Indian Blood from parent who is a member of another tribe
4. Family History Chart (Family Tree)
5. Paternity Statement, marriage license, adoption papers, divorce decree, or any other supportive legal documents you feel
   are necessary to include.

"THE BURDEN OF PROVE FOR ELIGIBILITY LIES WITH THE APPLICANT, PARENT'S AND/OR GUARDIAN OF
APPLICANT"

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.

**This area must be signed**

Signature of Applicant or Legal Guardian __________________________ Date __________

This area must be signed in the presence of a Notary Public
The applicant and/or parents or guardians personally appeared before me.

Signature of Applicant or Father or Guardian __________________________
Printed Name __________________________________________
Physical Address __________________________________________
City, State and Zip __________________________________________

Signature of Mother __________________________
Printed Name __________________________________________
Physical Address __________________________________________
City, State and Zip __________________________________________

Notary Information
State of __________________________________________
County of __________________________________________
Date __________________________
Signature of Notary Public (Black Ink) __________________________
My Commission Expires __________________________

State of __________________________________________
County of __________________________________________
Date __________________________
Signature of Notary Public (Black Ink) __________________________
My Commission Expires __________________________

Office Use Only
Date Presented to Tribal Council __________________________ Approved __________ Disapproved __________