



P.O. Box 1099 ~ 220 Popay Avenue
Ohkay Owingeh, NM 87566
Phone (505) 852-4400

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: _____



Ohkay Owingeh
Tribal Enrollment Department
P.O. Box 1099 ~ 220 PoPay Avenue
Ohkay Owingeh, NM 87566
Phone 505-852-4400

TRIBAL ENROLLMENT APPLICATION

<p>Applicant's Name _____ Phone No. _____</p> <p>*Indian Name _____ *Must include if name has been given*</p> <p>Gender Male _____ Female _____ Social Security No _____ Date of Birth _____</p> <p>Physical Address _____ CITY _____ STATE _____ ZIP _____</p> <p>Mailing Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Place of Birth _____ Maiden, Nickname or other Names by which applicant is known: _____</p> <p>Applicants aged 18 & over: Have you ever been convicted of a felony? Yes _____ No _____</p>	<p><u>Office Use Only</u></p> <p>Degree of Ohkay Owingeh Blood _____</p> <p>Degree of Other Indian Blood _____</p> <p>Total Degree of Indian Blood _____</p> <p>CIB No _____</p>
<p>Fathers Full Name _____ Phone No. _____</p> <p>Physical Address _____</p> <p>Social Security No _____ If deceased, Date _____</p> <p>Mailing Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Date of Birth _____ Place of Birth _____</p> <p>Degree of Ohkay Owingeh Blood Claimed _____ Tribal Enrollment No _____</p> <p>Enrolled with another Tribe? _____ If Yes Tribe Name & Degree of Blood and Enrollment No _____</p>	<p><u>Office Use Only</u></p> <p>Degree of Ohkay Owingeh Blood _____</p> <p>Tribal Enrollment No _____</p> <p>Degree of Other Indian Blood _____</p> <p>Total Degree of Indian Blood _____</p>
<p>Mothers Full Name _____ Phone No. _____</p> <p>Physical Address _____</p> <p>Social Security No _____ If deceased, Date _____</p> <p>Mailing Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Date of Birth _____ Place of Birth _____</p> <p>Degree of Ohkay Owingeh Blood Claimed _____ Tribal Enrollment No _____</p> <p>Enrolled with another Tribe? _____ If Yes Tribe Name & Degree of Blood and Enrollment No _____</p> <p>Maiden, Nickname or other Names by which Mother is known: _____</p>	<p><u>Office Use Only</u></p> <p>Degree of Ohkay Owingeh Blood _____</p> <p>Tribal Enrollment No _____</p> <p>Degree of Other Indian Blood _____</p> <p>Total Degree of Indian Blood _____</p>

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

Signature of Mother

Printed Name

Printed Name

Physical Address

Physical Address

City, State and Zip

City, State and Zip

Notary Information

State of _____

State of _____

County of _____

County of _____

Date _____

Date _____

Signature of Notary Public (Black Ink)

Signature of Notary Public (Black Ink)

My Commission Expires _____

My Commission Expires _____

Office Use Only

Date Presented to Tribal Council _____ Approved _____ Disapproved _____

Great-Grandfather's Name

DOB:

Tribe:

Deceased Date:
