

## APPLICATION REQUIREMENTS

1. Please complete pages one (1) and two (2) to the best of your knowledge. The items in red *must be completed before* returning the application to the Enrollment/ORM Office. Each parent needs to complete the address section of application!
2. If one of the parent's are a member of another tribe besides CSKT, you *must* attach a letter with the application from that parent's tribe stating that *the applicant is not a member* and there is no application pending with that tribe.
3. If the applicant is an enrolled member of a tribe other than CSKT, then a relinquishment must be completed before applicant can be enrolled with CSKT.
4. Application must include an ORIGINAL, CERTIFIED copy of the long form of the birth certificate from the County Courthouse or Department of Vital Statistics from the state where the child was born. We cannot accept photocopies of the birth certificate. This original birth certificate *must be kept on file at the Enrollment/ORM office and will not be returned to the applicant if they become enrolled.*
5. If the applicant is adopted, he/she must submit an original birth certificate (listing *biological* parents), an amended birth certificate (listing adoptive parents), and documentation of the adoption with their application.
6. If the fathers name is not on the birth certificate, and there is not a court order stating the biological father's name, a DNA test will be required to include his blood degree for the applicant.
7. We are only able to accept paternity acknowledgements under the following guidelines:  
(A) When the paternity acknowledgement has been signed and notarized within two (2) weeks after the birth of the child and submitted to the Department of Vital Statistics, AND  
(B) When the paternity acknowledgement is over sixty (60) days. The declaration for paternity has a sixty (60) day notice for parents to withdraw their acknowledgement, therefore, only and after sixty (60) days does it become a legal and binding document.
8. Signature of applicant or parent/guardian of applicant must be notarized. Application must be signed by applicant if they are 18 years of age or older, unless documentation is provided appointing an individual as the guardian or giving power of attorney.
9. If someone other than the parent is submitting an application for a minor child, the individual must include documentation appointing him/her as the guardian. Acceptable documents are court orders, notarized temporary custody agreement between the parents and the temporary guardians from DHRD or CPS office.
10. Return original application (not photocopy) and all of the required documentation as stated above to:

Enrollment/ORM  
P.O. Box 278  
Pablo, MT 59855

***Failure to complete these requirements may result in the delay of the application.***

If you have any questions regarding this matter, please contact this office at (406)675-2700 ext.1033 or ext.1013

(Please remove this cover sheet before returning application to this office)

# APPLICATION FOR ENROLLMENT CONFEDERATED SALISH AND KOOTENAI TRIBES FLATHEAD RESERVATION, MONTANA

I hereby make formal application to the Tribal Council of the Confederated Salish and Kootenai Tribes for the enrollment/adoption as a member of the Confederated Salish and Kootenai Tribes of \_\_\_\_\_

**(Print Full name of Applicant)**

**PHONE #** \_\_\_\_\_

**Guardians Name (if applicant is a minor)** \_\_\_\_\_

**MAILING ADDRESS**  
(Both Parents)

**PHYSICAL ADDRESS**  
(Both Parents)

## **SECTION 1. PARENTS:** *(List biological not adopted)*

**Fathers Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Enrollment No:** \_\_\_\_\_

(Please indicate Tribal Affiliation by priority (1) being primary)

Selis (Salish)	_____	Degree of blood	_____
Qelispe (Pend D' Oreilles)	_____	Degree of blood	_____
Ktunaxa (Kootenai)	_____	Degree of blood	_____
Other Tribe	_____	Degree of blood	_____

**Mothers Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Enrollment No:** \_\_\_\_\_

(Please indicate Tribal Affiliation by priority (1) being primary)

Selis (Salish)	_____	Degree of blood	_____
Qelispe (Pend D' Oreilles)	_____	Degree of blood	_____
Ktunaxa (Kootenai)	_____	Degree of blood	_____
Other Tribe	_____	Degree of blood	_____



**NOTICE: If one of parents is a member from another tribe, a certificate must be obtained from the tribe of that parent certifying that the prospective enrollee/adoptee (applicant) is not enrolled on that reservation and that there is not a pending application.**

**SECTION 2. APPLICANT/ENROLLEE:** (Applicants name EXACTLY as listed on Birth Certificate)

**Applicants Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Please indicate Tribal Affiliation by priority (1) being primary)

Selis (Salish) \_\_\_\_\_ Degree of blood \_\_\_\_\_

Qelispe (Pend D' Orelles) \_\_\_\_\_ Degree of blood \_\_\_\_\_

Ktunaxa (Kootenai) \_\_\_\_\_ Degree of blood \_\_\_\_\_

Other Tribe \_\_\_\_\_ Degree of blood \_\_\_\_\_

**SECTION 3. CERTIFICATE:** (Applicant's or guardian of applicant's signature must be NOTARIZED)

**\*\*\*DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY\*\*\***

I certify that the information contained herein and attached hereto as exhibits is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant or Guardian of Minor Applicant

\_\_\_\_\_  
Printed Name

**Below For Notary Use Only**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**SECTION 4. AUTHORITY FOR ELIGIBILITY: (ENROLLMENT OFFICE USE ONLY)**

Cite here the precise paragraph of Ordinance 35A under which eligibility is claimed. If other than Paragraph A, attach supporting data as required on the reverse side of this form:

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**SECTION 5. RECOMMENDATION: (ENROLLMENT OFFICE USE ONLY)**

The applicant **is/is not** eligible for enrollment in the Confederated Salish and Kootenai Tribes under the authority of:

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\_\_\_\_\_  
Enrollment Researcher Manager

**SECTION 6. ACTION: (ENROLLMENT OFFICE USE ONLY)**

\_\_\_\_\_ is approved for enrollment in the Confederated Salish and Kootenai Tribes under the Authority of Resolution # \_\_\_\_\_ adopted on \_\_\_\_\_. The effective date of enrollment is \_\_\_\_\_

\_\_\_\_\_  
Tribal Chairperson

ATTEST:

\_\_\_\_\_  
Tribal Secretary

<b>ENROLLMENT OFFICE USE ONLY</b>		
	<u>Enroll. Research</u>	<u>Office Manager</u>
Items Received and/or Needed:		
BC: _____ Council Aprvl _____	Date Received _____	Date Received _____
Sig: _____ Adptn Papers _____	Father's BQ _____	Date Processed _____
Ltr: _____ Court Order _____	Mother's BQ _____	Enroll Number _____
DNA: _____ Pndng BQC _____	Applicant's BQ _____	Date Entered _____
Rlnq: _____ Other: _____	Date Completed _____	Date Mailed _____