

APPLICATION REQUIREMENTS

1. Please complete pages one (1) and two (2) to the best of your knowledge *before* returning the application to the Enrollment/ORM Office.
2. If one of the parent's is 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 birth certificate from the County Courthouse or Department of Vital Statistics from the state or county 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 father's name is not on the birth certificate, a DNA test will be required to include his blood degree for the applicant unless you can provide proof through court documents that have DNA testing included.
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 and the application will not be processed until after the sixty (60) days.
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. 1014 or ext. 1033

(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 # _____

ADDRESS _____

Guardians Name *(if applicant is a minor)* _____

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

Fathers Name: _____

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: _____

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. PROSPECTIVE ENROLLEE/ADOPTEE: (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' Oreilles) | _____ | 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:

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:

Lead Enrollment Researcher

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 Chairman

ATTEST:

Tribal Secretary

ENROLLMENT OFFICE USE ONLY

Items Received and/or Needed:

BC: _____ Council Aprvl _____

Sig: _____ Adptn Papers _____

Ltr: _____ Court Order _____

DNA: _____ Pndng BQC _____

Rlnq: _____ Other: _____

Enroll. Research

Date Received _____

Father's BQ _____

Mother's BQ _____

Applicant's BQ _____

Date Completed _____

Office Manager

Date Received _____

Date Processed _____

Enroll Number _____

Date Entered _____

Date Mailed _____