



## Hoopa Valley Tribe

### Enrollment Application Instructions

- **COMPLETE THE APPLICATION**, answer all questions. Applicants under the age of 18 years old will require a parent or guardian signature. Guardians must include a copy of the placement or court order of custody.
- **COMPLETE THE FAMILY TREE** to the best of your knowledge.
- **Attach a CERTIFIED BIRTH CERTIFICATE**. Please note: the original copy of the birth certificate will be kept in the applicant's file. Applicants who are denied membership, all records will be returned by certified mail.
- **Attach** a legible **COPY** of the applicants **SOCIAL SECURITY** card.
- **MARRIED PARENTS APPLICANTS:** In order to include the biological fathers blood degree, parents must be married (9) nine months prior to child's birth. A legible copy of a certified copy of marriage license must be attached to the application.
- **UNMARRIED PARENTS OF APPLICANTS:** DNA testing is not required if eligibility is determined through the biological mother. However, DNA would be required if eligibility is determined through the biological father. Testing dates will be scheduled upon the receipt of payment. Individual testing costs are \$65.00 per person which can be paid by cash (In person only) or money orders. Money orders should be made payable to: HVT-Enrollment Department. **DO NOT SEND MONEY THROUGH THE MAIL FOR DNA TESTING.**

Applicants have 90 days to complete their application for enrollment. The HVT-Enrollment Committee reserves the right to deny incomplete applications remaining on file after 90 days. Completing all requirements for Enrollment is the responsibility of the applicant or the applicant's parents.

For more information, please contact the Enrollment office at:  
Telephone: (530) 625-4364 Ext. 210, or Email: [hvtenroll@yahoo.com](mailto:hvtenroll@yahoo.com)  
761 Loop Road, P.O. Box 1348 Hoopa, Ca. 95546





## Hoopa Valley Tribe Enrollment Application

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**This application is to be filled out thoroughly, answer all questions accordingly. The application must be signed by all tribal members by whom eligibility is to be determined through.**

Enrollment \_\_\_\_\_ Blood Correction: \_\_\_\_\_

Applicants full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Applicants who reside on the Hoopa Valley Indian Reservation, check which district you live in:

\_\_\_\_ Campbell Field

\_\_\_\_ Bald Hill

\_\_\_\_ Mesket Field

\_\_\_\_ Agency Field

\_\_\_\_ Norton Field

\_\_\_\_ Out of Town

\_\_\_\_ Soctish/Chenone

\_\_\_\_ Hostler/Matilton

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Parent(s) Information:

Parents name: \_\_\_\_\_ Hoopa Roll #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Parents Blood Quantum: \_\_\_\_\_

Parents name: \_\_\_\_\_ Hoopa Roll #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Parents Blood Quantum: \_\_\_\_\_

**Applicants total Hoopa Quantum Claimed:** \_\_\_\_\_

Are either of the applicants parents enrolled as a member of another Tribe? If yes, please state:

Which Parent: \_\_\_\_\_ What Tribe: \_\_\_\_\_

Is the applicant an adopted child? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the applicant enrolled with another Tribe, this includes enrollment as a **descendant or associate** tribal member? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the applicant a direct lineal descendant of a member of the Hoopa Valley Tribe? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THE INFORMATION PROVIDED IS TRUE AND CORRECT. ANY APPLICANT DULY ENROLLED IN ANOTHER FEDERALLY RECOGNIZED TRIBE WILL BE DENIED ENROLLMENT OR THEY WILL BE RELINQUISHED FROM THE HOOPA VALLEY TRIBE UPON DISCOVERY.**

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Applicant Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**Office Use:**

Complete Packet turned in: Yes: \_\_\_ No: \_\_\_

Pending Status:

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Birth Certificate	Copy of Social Security
Date Received:	Date Received:
Comments:	Comments:

DNA Results:

Date Scheduled:	Results Received:

Comments: \_\_\_\_\_

\_\_\_\_\_

