

Hoopa Valley Tribe Enrollment Application

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 Correct	ion:	_	
Applicants full name:				
Mailing address:				
	City		State	Zip
Applicants who reside of	on the Hoopa Val	ley Indian Reser	vation, check which	ch district you live in:
Campbell Field Agency Field Soctish/Chenone		Bald Hill Norton F Hostler/N	ïeld	Mesket Field Out of Town
Date of Birth:		_ Place of Birt	h:	
Phone: ()		So	cial Security Nur	mber:/
Parent(s) Information	n:			
Parents name:				Hoopa Roll #:
Relationship:			_ Parents Blood	d Quantum:
Parents name:				Hoopa Roll # :
Relationship:			_ Parents Bloo	d Quantum :
Applicants total H	oopa Quantu	m Claimed: _		
Are either of the appl	icants parents e	nrolled as a me	ember of another	Tribe? If yes, please state:
Which Parent:		What	Tribe:	
Is the applicant an add	opted child?	Yes:	No: _	
Is the applicant enrol member? Yes:			ncludes enrollme	ent as a descendant or associate tribal
Is the applicant a dire	ct lineal descen	dant of a mem	ber 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:	
Birth Certificate	Copy of Social Security
Date Received:	Date Received:
Comments:	Comments:
DNA Results:	
Date Scheduled:	Results Received:
Comments:	
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