



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 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: _____
