



**FORT PECK TRIBES  
ASSINIBOINE & SIOUX**

\_\_\_\_\_  
**Date**

**DESCENDANCY FORM**

**To Whom It May Concern:**

**This is to certify that the records of the Fort Peck Assiniboine & Sioux Tribal Enrollment Office shows that \_\_\_\_\_,  
Name of Enrollee**

**Fort Peck Enrollee is recorded as \_\_\_\_\_ Fort Peck Assiniboine and/or Sioux and  
\_\_\_\_\_ Total Indian Blood. Enrollment Number \_\_\_\_\_.**

**Therefore, \_\_\_\_\_, child of \_\_\_\_\_,  
Name of Child Name of Parent**

**would possess \_\_\_\_\_ Fort Peck Assiniboine and /or Sioux and \_\_\_\_\_ Total  
Indian blood, and the child NOT meet the blood degree requirement for enrollment with  
Fort Peck Assiniboine & Sioux Tribes.**

\_\_\_\_\_  
**Tribal Enrollment Officer  
Fort Peck Assiniboine & Sioux Tribes**

\_\_\_\_\_  
**Tribal Enrollment Assistant  
Fort Peck Assiniboine & Sioux Tribes**