



APPLICATION FOR ENROLLMENT AS MEMBER OF THE  
ASSINIBOINE AND SIOUX TRIBES OF THE  
FORT PECK RESERVATION, MONTANA

THIS FORM IS TO BE USED FOR APPLICANTS BORN AFTER  
OCTOBER 1, 1960

Date received at Tribal Office \_\_\_\_\_, 20\_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_
2. Degree of Assiniboine and/or Sioux blood: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_ 4. Place of birth: \_\_\_\_\_
- 5 Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone # \_\_\_\_\_
- 6 Is the applicant now or has applicant ever been enrolled elsewhere  
(with any other tribe of Indians?) Yes \_\_\_\_\_ No \_\_\_\_\_
- 7 If the answer to Question No. 6 is "Yes," give the name of the tribe and roll number  
Tribe: \_\_\_\_\_ Roll No.: \_\_\_\_\_
8. Father's name: \_\_\_\_\_
9. **Complete** Mailing Address: \_\_\_\_\_ ST ZIP \_\_\_\_\_
- 10 Degree and kind of Indian blood: \_\_\_\_\_
11. Enrolled in Assiniboine and Sioux Tribes of Ft. Peck? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, give roll number: \_\_\_\_\_
12. Citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Mother's maiden name: \_\_\_\_\_
14. **Complete** Mailing Address: \_\_\_\_\_ ST ZIP \_\_\_\_\_
15. Degree and kind of Indian Blood: \_\_\_\_\_
16. Enrolled in Assiniboine and Sioux Tribes of Ft. Peck? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, give roll number: \_\_\_\_\_
17. Citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Has birth certificate been attached to this Application? Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned hereby certify on behalf of the applicant and themselves that the foregoing information is true and correct and that if any material statements are false, any enrollment granted pursuant to this application shall be void and of no force or effect.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Authorized guardian, next or kin, or person  
responsible for care may sign the application

## **PROCEDURES FOR ENROLLMENT OF QUALIFIED PERSONS BORN ON OR AFTER OCTOBER 1, 1960**

Persons born on or after October 1 1960, are eligible for enrollment in the Assiniboine and Sioux Tribes of the Fort Peck Reservation if they fulfill the following requirements:

1. Possess one-fourth (1/4) or more Assiniboine and/or Sioux blood and born to any member of the Assiniboine and Sioux Tribes of Fort Peck Reservation.
2. The child must not be a member of some other tribe at the time of application for enrollment.
3. The child must be a citizen of the United States at the time of the child's birth
- 4. Submit application on prescribed form, accompanied by a \*COPY OF THE STATE CERTIFIED BIRTH CERTIFICATE AND A COPY OF THE SOCIAL SECURITY CARD\***
5. The term "Assiniboine/and or Sioux blood" as defined by the Tribal Enrollment Ordinance, means the blood of the Assiniboine or the Sioux Tribes of the Fort Peck Reservation, Montana or the blood of any other federally recognized Assiniboine or Sioux Tribes, or any combination of Assiniboine and Sioux blood. If the parent or authorized representative of the applicant is submitting the enrollment application and wants Assiniboine and/or Sioux blood from another federally recognized tribe included in the applicant's total Assiniboine/Sioux blood quantum, he/she must submit evidence satisfactory to the Tribal Executive Board.
6. At least one or both parents must be an enrolled member of the Fort Peck Assiniboine and Sioux Tribes.

### **APPLICATIONS CAN BE DELIVERED TO:**

Enrollment Department  
Tribal Administration Building  
501 Medicine Bear Road  
Poplar, Montana

### **APPLICATIONS CAN BE MAILED TO:**

Enrollment Officer  
Fort Peck Assiniboine and Sioux Tribes  
P.O. Box 1027  
Poplar, MT 59255

***Questions concerning the Fort Peck Tribes enrollment procedures  
can be directed to the Enrollment Officer at 406-768-2311 or 406-768-2319***