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

Poplar, Montana 59255 P.O. Box 1027 (406)768-5155