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.