

Office telephone:
775/757-2921

APPLICATION FOR ENROLLMENT
SHOSHONE-PAIUTE TRIBES
of the
DUCK VALLEY INDIAN RESERVATION

Office fax:
775/757-2295 or 2910

Application No. _____ Date Received _____

NAME OF APPLICANT: _____
(Last) (First) (Middle)

MAIDEN or OTHER NAME BY WHICH KNOWN: _____

CURRENT MAILING ADDRESS: _____
(Street or Post Office Box Number)

TELEPHONE NO. (optional) _____
(City) (State) (Zip Code)

MANDATORY REQUIREMENT - CERTIFIED BIRTH CERTIFICATE (Original)

Sex: _____ Date of Birth: _____ Social Security No. _____-_____-_____

Place of Birth: _____

Are you? () Single () Widowed () Divorced () Other
() Married () Separated () Adopted

If married, give name of husband or wife: _____

Degree of Indian blood claimed: _____
(Shoshone) (Paiute) Other Indian (Other)

Does your name appear on the Official Census Roll of the Western Shoshone Reservation as of January 1, 1935? () Yes () No

If NOT, give name of parent(s) and/or grandparent(s) whose name appear on the Census Roll of January 1, 1935.

NAME: _____ Relationship to Applicant: _____

NAME: _____ Relationship to Applicant: _____

Do you have an allotment or possess land assignment on another Indian Reservation, Colony or Tribal Group?

(Name of Reservation, colony or group) (Where?)

Are you now enrolled, or eligible for enrollment on another Indian Reservation, or Colony other than Duck Valley? () Yes () No () Where? _____

If my application is approved, I shall relinquish all claims to tribal membership in the other tribe. () Yes () No

I certify that I, _____ AM NOT an adopted child and
(Applicant)
the person or descendant by blood of the person through whom eligibility is claimed.
I solemnly swear that the foregoing statements made by me are true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE DATE

TO BE COMPLETED BY PARENT OR GUARDIAN FILING ON BEHALF OF A CHILD OR PERSON OTHER THAN APPLICANT.
Reason you are filing on behalf of this Applicant: _____

State your relationship to Applicant: _____

SIGNATURE DATE