

**PLEASE RETURN COMPLETED APPLICATION TO:**

Enrollment Services Program  
 SHOSHONE-PAIUTE TRIBES  
 P.O. Box 219  
 Owyhee, NV 89832

**FAMILY TREE**

Fill out as accurately as possible  
 \*State if Non-Indian

SHOSHONE	
PAIUTE	
Other Indian Blood	
Total Indian Blood	

APPLICANT

FATHER

If Indian, State: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Reservation \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

MOTHER

If Indian, State: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Reservation \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

GRANDFATHER

If Indian, State: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Reservation: \_\_\_\_\_

GREAT GRANDFATHER

GREAT-GREAT GRANDFATHER

GRANDMOTHER

If Indian, State: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Reservation: \_\_\_\_\_

GREAT-GREAT GRANDMOTHER

GREAT GRANDMOTHER

GREAT-GREAT GRANDFATHER

GREAT-GREAT GRANDMOTHER

GREAT GRANDFATHER

GREAT-GREAT GRANDFATHER

GREAT-GREAT GRANDMOTHER

GRANDMOTHER

If Indian, State: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Reservation: \_\_\_\_\_

GREAT GRANDMOTHER

GREAT-GREAT GRANDFATHER

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 Tribe: \_\_\_\_\_  
 Reservation: \_\_\_\_\_

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GRANDMOTHER

If Indian, State: \_\_\_\_\_  
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