

Native Village of Gakona
PO Box 102, Gakona, AK 99586

Date Received: _____

APPLICATION FOR TRIBAL ENROLLMENT

Full name: _____
(Last) (First) (Middle)

Indian, Maiden, or other name by which known: _____

Mailing Address: _____
PO Box or Street City State Zip

Date of Birth: _____ Place of Birth: _____

Social Security _____ Gender M F

Is applicant a direct lineal descendant of the Gakona Tribe? Yes No Adopted? Yes No

Ancestor on Base Roll, through whom enrollment rights are claimed:

Ancestor name Relationship to ancestor

Degree of Indian Blood of Applicant: (Tribe) _____ Blood % _____
(Secondary Tribe) _____
(Third Tribe) _____
Total Indian Blood: _____

Are either of your parents enrolled as members of another Tribe? Yes No

If yes, which parent(s) and with what Tribe? _____
(Other parent) _____

Is applicant enrolled in another Tribe? Yes No If yes, which Tribe: _____

If yes, you will need to relinquish enrollment with the other Tribe and write the date of relinquishment on this form.

Date of Relinquishment: _____

Signature of Adult Applicant or Guardian Date signed
(Do Not Write Below This Line)

Action by Council: Approved Date of Enrollment _____ Resolution # _____
 Disapproved Deferred

Disapproved or Deferred for the following reason(s): _____

Signature of Council member/Council Designee Date