



# Chilkoot Indian Association

Federally Recognized Tribe

P.O. Box 490 Haines, Alaska 99827 907.766.2323



Dear Applicant (s)

Thank you for your interest in joining the Chilkoot Indian Association. I have enclosed a complete enrollment packet for you to fill out and return. There are several important documents that must be included with your application for us to enroll you with the Tribe. Not including with this packet but available to you at our office are forms for getting your Certificate of Indian Blood from the BIA, Enrollment Form and Release of Enrollment Information from CCTHITA, and Request for Birth Record from the State of Alaska. If you require any of these forms please call the office 907-766-2323 and request them.

**The following documents must be included with your applications to be complete.**

- The Chilkoot Indian Association Application must be completed as indicated
  1. Section I of the Application must be completed
  2. Section II of the Application must be completed to show at least one of the grandparents
  3. The application must be signed and dated
- A copy of your Birth Certificate
  1. If you are adopted we must have the altered and unaltered copies of your birth certificate
- A copy of your Certificate of Indian Blood or your CCTHITA Enrollment Card

**If any portion of your Application is incomplete the Application will be mailed back to you with an explanation of what additional information you must supply to determine enrollment.**

Once we receive your completed enrollment application, the application will be presented and certified at the next Tribal Enrollment Committee meeting. The committee meets quarterly: February, May, August, and November.

If you have any questions about enrollment or need assistance with the forms please contact our office at 907-766-2323

Sincerely,

*Harriet Brouillette*  
Harriet Brouillette  
Tribal Administrator



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## SECTION I

Full Name: \_\_\_\_\_

Other Names Used (Maiden, Etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of Haines Residency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Sex: \_\_\_\_\_ Natural Child: \_\_\_\_\_ Adopted Child: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Names of Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Names of Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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Names of Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Native Blood Quantum: \_\_\_\_\_ Tribes: \_\_\_\_\_

Clan: \_\_\_\_\_

Application filed by: Self:\_\_\_\_ Parent:\_\_\_\_ \*Sponsor: \_\_\_\_\_

\*Sponsor relationship to applicant and contact information:  
\_\_\_\_\_

The following documents are required for verification:

\_\_\_\_\_ Copy of Birth Certificate (Altered and Unaltered if an Adopted Child)

\_\_\_\_\_ Copy of your Certificate of Indian Blood or CCTHITA Enrollment Card

I hereby certify that all statements given for the purpose of enrolling with the Chilkoot Indian Association are correct and true.

Signature: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

If any statements are proven to be misleading or false, penalties may include dis-enrollment

All enrollment information is confidential and shall remain confidential

SECTION II

\*Please indicate if other parent is Non-Native, or if parent is not the natural parent(s).

Applicant Tribe: _____ Blood Degree: _____ Bro/Sis: _____		Natural Father: Roll No: _____ Birth Place: _____ Birthdate: _____ Tribe/Blood Degree: _____ Bro/Sis: _____		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____	
		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____	
		Natural Mother (Maiden): Roll No: _____ Birth Place: _____ Birthdate: _____ Tribe/Blood Degree: _____ Bro/Sis: _____		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____	
		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____		Father: Blood Degree: _____ Roll No: _____ Mother (Maiden): _____	