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
- Proof of one year residency

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
Tribal Administrator

Chilkoot Indian Association
Federally Recognized Tribe
P.O. Box 490 Haines, Alaska 99827 907.766.2323

Full Name: _____

Other Names Used (Maiden, Etc.): _____

Physical & 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: _____

Names of Children: _____ Birth Date: _____

Names of Children: _____ Birth Date: _____

Native Blood Quantum: _____ Tribe(Tlingit, Haida, Etc.): _____

Clan/Moiety: _____

Are you enrolled in another Tribe?: Yes☐ No☐ If yes, name of Tribe:_____

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 I

Chilkoot Indian Association
112 3rd Ave/ South
PO Box 490 | Haines, Alaska | 99827

Note: Please add as much information as possible. Middle initials and dates of birth help identify tribal citizens.

Applicant: _____

Siblings: _____

_____

DOB = Date of Birth
Enroll # = Enrollment Number

Biological Father: _____
Father DOB: _____
Enroll # (If known): _____
Father's Siblings: _____
_____

Biological Mother: _____
Mother DOB: _____
Enroll # (If known): _____
Mother's Siblings: _____
_____

Father: _____
DOB: _____
Enroll # (If known):
_____

Mother: _____
DOB: _____
Enroll # (If known):
_____

Father: _____
DOB: _____
Enroll # (If known):
_____

Mother: _____
DOB: _____
Enroll # (If known):
_____

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

What community does your family originate from?_____

Your Indigenous Name:_____