



# CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159

CROW AGENCY, MT 59022

## Request for Record Correction Form

This form is used to make corrections to a name (misspellings, etc.), date of birth, Crow Tribe enrollment number, or blood degree (i.e. blood quantum).

**DIRECTIONS:** Only fill in those section(s) that pertain to the change(s) that you are requesting. For the sake of clarity, please write the incorrect information in the "Incorrect" column and then write the correct information in the "Correct" column. Finally, have this form either notarized (notary section provided) or bring it to the Enrollment Department to be signed by a member of the Enrollment Staff. Before you begin this form, please write your name (as well as maiden and former names where applicable) and date of birth (D.O.B.).

**NOTE:** The Enrollment Department may require the following documents if they are not already on file with the Enrollment Department:

- Certified copy of birth certificate (applies to changes to name, birth date, and blood degree)
- Tribal ID (applies to Crow Tribe enrollment number)
- Acknowledgement of Paternity (applies to blood degree)
- Marriage licenses or divorce decrees (applies to name)
- Family Tree

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

D.O.B.: \_\_\_\_\_ ENROLMENT NUMBER \_\_\_\_\_

Type of Correction	Incorrect	→	Correct
<b>1. Name</b> (First, Middle, Last)		<b>→ CORRECT TO →</b>	
<b>2. Date of Birth</b> (MM/DD/YYYY)			
<b>3. Enrollment #</b> (e.g. 202U123456)			
<b>4. Blood Degree</b> (e.g. 13/16)			

### Notary Section/Enrollment staff verification signature

STATE OF \_\_\_\_\_

\_\_\_\_\_  
(ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY)

COUNTY OF \_\_\_\_\_

ON \_\_\_\_\_ BEFORE ME, \_\_\_\_\_  
(DATE) (NOTARY)

PERSONALLY APPEARED, \_\_\_\_\_  
(SIGNERS)

PERSONALLY KNOWN TO ME \_\_\_\_\_

WITNESS my hand and official seal

\_\_\_\_\_  
(NOTARY SIGNATURE)

### Enrollment Office Use Only

Date Entered	Enrollment Staff — Print Name and Sign