



CROW TRIBE DESCENDANT APPLICATION

This form is part of a packet used to apply for Descendant Status for those individuals who have ancestors enrolled in the Crow Tribe. Descendant Status **does not** entitle an individual to the same benefits as Crow Tribal Members, such as Per Capita payments and Tribal IDs. It does give an individual access to certain other benefits, such as those provided by Indian Health Services and Indian Child Welfare Act benefits. (For more information, please see Resolution 2000-43). Individuals determined through the Enrollment process to be of at least 1/32 (or 16/512) Crow blood according to the 1953 Census will be eligible for Descendant Status (for more information, please see Ordinance 53-22).

DIRECTIONS: This application requires all components completed to the best of the applicant's or parents' knowledge. Each part contains its recommendations; please read and follow them carefully to facilitate the application process. **Applications submitted with inadequate information or missing components will not be accepted.** For an application to be acceptable, the following details must be included (if applicable):

- Completed Enrollment Application Checklist, signed and dated by applicant or parent/legal guardian if the applicant is a minor
- Identification and Contact Form
- Family tree, reaching back three generations (applicant's great-grandparents) **INCLUDE A COPY OF EACH ENROLLED PARENTS BIRTH CERTIFICATE.**
- Marriage License or Proof of Paternity (required if parents are not married; if the father signed proof of paternity after six months of applicant's date of birth, a **DNA required**)
- Certified Birth Certificate of Applicant's (**Enrollment will NOT accept PHOTOCOPIES or LIVE birth certificate**)
- For an underage applicant without natural parents, a Legal Guardian Court Order document is required.

If you have questions while completing this application, please direct your questions to the Enrollment Department. You can reach us through the following means:

Phone: 406-638-2178 or 406.679.2455

Email: CrowEnrollment@crow-nsn.gov

Mail: Crow Tribe Enrollment

P.O. Box 159

Crow Agency, MT 59022

Thank you,

Yolanda Turnsplenty,
Crow Enrollment Director

DESCENDANT APPLICANT INFORMATION

FULL NAME: _____
Last *First* *M.I.*

PLACE OF BIRTH _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

IS THE APPLICANT ENROLLED IN ANOTHER TRIBE? YES NO IF YES WHAT TRIBE AND AGENCY? _____

GENDER MALE FEMALE

NATURAL PARENTS

FATHER'S NAME: _____ ENROLLMENT #: _____
TRIBE: _____

MOTHER'S NAME: _____ ENROLLMENT #: _____
TRIBE: _____

NOTE: THE FATHER'S NAME MUST BE ON LISTED ON CERTIFIED BIRTH CERTIFICATE IN ORDER TO CONSIDER BLOOD LINE FOR APPLICANT. PLEASE PROVIDE CIB IF PARENT IS ENROLLED FROM DIFFERENT TRIBE

CONTACT INFORMATION

APPLICANT/PARENT/LEGAL GAURDIAN:

_____ *Last* *First* *M.I.*

ADDRESS: _____

_____ *City* *State* *ZIP Code*

PHONE: _____ EMAIL: _____

IMPORTANT CHECK LIST

- CERTIFIED COPY OF APPLICANTS BIRTH CERTIFICATE ATTACHED
- MARRIAGE LICENSE OR PROOF OF PATERNITY ATTACHED (DNA RESULTS)
- APPLICANTS FAMILY TREE ATTACHED
- CERTIFICATE OF INDIAN BLOOD OF ENROLLED PARENT FROM ANOTHER TRIBE
- APPLICATION SIGNED BY APPLICANT, PARENT OR LEGAL GAURDIAN
- LEGAL GUARDIAN COURT ORDER (IF APPLICABLE)

DISCLAIMER AND SIGNATURE

I certify that all required documents and information enclosed with this application is true to the best of my knowledge. I also understand that if the application is incomplete, the Enrollment & Per Capita department has the right to not process this application.

SIGNATURE: _____ DATE: _____

NOTE: If father is not listed on the Birth Certificate, Crow Tribal Enrollment will not acknowledge father for the applicant.



Great Grandmother
Enroll #:
Blood Degree:

Grandfather
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Father
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

APPLICANT
Enroll #:
Blood Degree:

Grandfather
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Mother
Enroll #:
Blood Degree:

Great Grandfather
Enroll #:
Blood Degree:

Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

I CERTIFY THAT THE BLOOD DEGREES SHOWN ARE ACCORDANCE WITH THE 1953 BASE ROLLS

CROW ENROLLMENT RESEARCH CLERK _____ DATE _____

ENROLLMENT OFFICE USE ONLY

REVIEW ACTION TAKEN:

ACCEPTED

INCOMPLETE

DISAPPROVED

ENROLLMENT DIRECTOR

ENROLLMENT STAFF

DATE REVIEWED:

NOTES:

ENROLLMENT COMMITTEE

ACTION TAKEN:

APPROVED

TABLED

DISAPPROVED

BLACK LODGE

LODGE GRASS

RENO

PRYOR

WYOLA

ST. X

DATE OF ENROLLMENT CONFIRMATION: _____

DEGREE OF QUANTUM: _____

ENROLLMENT: 202U- _____