



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Request for Certificate of Indian Blood (CIB)

DIRECTIONS: This form is used to request a Certificate of Indian Blood, or CIB. Only an individual or parent/legal guardian who holds custody of a minor may request this form on behalf of that minor. Complete **Section A** to request a CIB for yourself; complete **Section B** to request a CIB for a minor who is legally in your custody. Because CIB's contain confidential information, you must have a notary complete **Section C** to prove your identity if you are not making the CIB request at the Enrollment Department office (i.e. you are sending the form in the mail or electronically).

Section A: Individual Request		
1. Name (FIRST — M.I. — LAST)	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (E.G. 202U123456)
Signature		Date
Section B: Request for a Minor		
1. Name of Child (FIRST — MIDDLE — LAST)	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (E.G. 202U123456)
4. Name of Parent/Legal Guardian (FIRST — M.I. — LAST)	5a. Do you have custody of the above-named minor? (INDICATE "YES" OR "NO")	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5b. If "Yes," does Enrollment & Per Capita have documentation on file to support your custody claim?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature		Date
Section C: Notary Section/Enrollment staff verification		
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 Issued	Enrollment Staff — Print Name and Sign	