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 Turnспlentу,
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 CIT IF PARENT IS ENROLLED FROM DIFFERENT TRIBE

CONTACT INFORMATION

APPLICANT/PARENT/LEGAL GUARDIAN:

Last                      First                      M.I.

ADDRESS: ____________________________

PHONE: ____________________________ EMAIL: ____________________________

City                      State                      ZIP Code

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 GUARDIAN  □

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: ____________________________
CROW ENROLLMENT RESEARCH CLERIC

DATE

I CERTIFY THAT THE BLOOD DEGREES SHOWN ARE

ACCORDANCE WITH THE 1968 BASE ROLS

APPLICANT

Blood Degree:
Enrollment:
Mother:

Grandmother

Grandson

Granddaughter

Great Grandfather

Great Grandmother

Great Grandson

Great Granddaughter

NOTE: If later is not listed on the Birth Certificate.