CROW TRIBE ENROLLMENT APPLICATION

The applicant must be at least ¼ or 25% Crow blood to enroll with the Crow Tribe, according to the 1953 Census. (For more information, please see Ordinance 53-22). Enrolled members qualify for certain benefits through the tribe, including per capita payments (for more information, please see Resolution 2000-43).

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)
- Tribe Affiliation Form, applicable if applicant’s parent enrolled in another tribe
- 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
**Enrollment Application | Checklist**

**Directions:** As the applicant (or applicant’s parent/legal guardian) completes the components of this application, please initial in the corresponding fields below within the “Checklist” section. Once all fields have been initialed to indicate completion, the applicant (or applicant’s parent/legal guardian) must sign and date the “Acknowledgement” section to confirm that the information provided in this application is true.

<table>
<thead>
<tr>
<th>Component</th>
<th>Initials (to indicate completeness)</th>
</tr>
</thead>
</table>
| CERTIFIED BIRTH CERTIFICATE  
With the parent(s) listed. Informational copies, photocopies, any birth certificate without the parent listed are NOT used. | |
| MARRIAGE CERTIFICATE  
Must be furnished by Ordinance 53-22. A Birth Certificate showing the name of a person as the FATHER cannot be the only support of paternity | |
| UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT  
Must be furnished to establish the fact | |
| APPLICANT’S MOTHER/FATHER  
ENROLLED IN ANOTHER TRIBE  
A written verification of Blood Degree and CIB from the Tribe where he/she is enrolled must be furnished and a written letter stating applicant is not enrolled nor has a pending application with said Tribe | |

**Acknowledgement**

I certify that all required components, document, and information is enclosed as part of this application and 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 of Applicant/Or: Parent/Legal Guardian**

**Date**

**Remember:**

GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE CROW TRIBE IS THE RESPONSIBILITIES OF THE PARENTS OR LEGAL GUARDIAN BY ORDINANCE. THE BURDEN OF PROOF IS ON THE APPLICANT.
NAME OF APPLICANT: ____________________________________________

ADDRESS OF APPLICANT: ________________________________________

SEX: ___  DATE OF BIRTH: ____________  PHONE: __________________

YOU MUST SUBMIT TO THIS OFFICE A CERTIFIED BIRTH CERTIFICATE. THE BIRTH
CERTIFICATE MUST SHOW THE NAME OF THE NATURAL PARENTS.

PLACE OF BIRTH:

<table>
<thead>
<tr>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
</tr>
</thead>
</table>

FATHER’S NAME: ________________________________________________

MOTHER’S NAME: ________________________________________________

A COPY OF THE MARRIAGE CERTIFICATE MUST BE ATTACHED TO THIS
APPLICATION. IN CASE OF UNMARRIED PARENTS, IN ORDER FOR THE
APPLICANT TO BE CONSIDERED FOR ENROLLMENT WITH THE BENEFIT OF
THE FATHER’S DEGREE OF INDIAN BLOOD, YOU MUST SUBMIT TO THIS
OFFICE A NOTARIZED AFFIDAVIT ESTABLISHING PATERNITY. A MARRIAGE
CERTIFICATE AND/OR NOTARIZED AFFIDAVIT WILL BE THE DOCUMENTS
USED TO ESTABLISH PATERNITY.
Enrollment Application | Tribe Affiliation Form

Are any of the parents enrolled in another tribe? Yes, No. If yes, you must furnish a written verification of blood degree. A written verification of non-enrollment of applicant’s parent’s tribe.

Complete the family ancestry chart on the next page to the best of your knowledge and ability.

All documents submitted become the sole property of the Crow Tribe and will not be reproduced other than for the use of the Crow Tribe. The original documents will be verified and returned by the Enrollment Clerk. The certified copy will not be released for any other use unless a written form is signed by the applicant, in accordance with the Privacy Act.

The applicant verifies that the required documents are true and correct, any information fraudulently submitted will jeopardize the enrollment process and may be used for removal of the applicant from the membership rolls.

Date ___________________ Signature _________________________________

****************************************************************************************************

PLEASE DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

NAME AND ID NUMBER

CROW TRIBE

FATHER: ________________________

ID NUMBER: _____________________

MOTHER: ________________________

ID NUMBER: _____________________
### Paternity Acknowledgment

**Montana Department of Public Health & Human Services**  
**Vital Records & Statistics Bureau**  
**PO Box 4210**  
**Helena, MT 59604-4210**

Please type or print clearly using a ball point pen:

<table>
<thead>
<tr>
<th>Child's Name (First, Middle, Last)</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Birth</td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Mother's Name (First, Middle, Last (Maiden Surname))</td>
<td>Mother's Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Mother's State of Birth (If Not U.S.A. Give Country)</td>
<td>Mother's Race</td>
<td>Mother's Social Security Number</td>
</tr>
<tr>
<td>Father's Name (First, Middle, Last)</td>
<td>Father's Race</td>
<td>Father's Date of Birth</td>
</tr>
<tr>
<td>Father's Ancestry (Education (Elementary/Secondary) (0-12) College (1-4 or 5+))</td>
<td>Father's Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Father's State of Birth (If Not U.S.A. Give Country)</td>
<td>Father's Occupation</td>
<td>Father's Place of Employment</td>
</tr>
</tbody>
</table>

Both parents must sign before a notary public:

We, the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign** this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. If you wish to withdraw this Acknowledgment, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.

Please print/sign hard using a ball point pen:

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature  
Address  
City, State, Zip  
County of  
On this ___ day of ___  
I personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.

Notary Public  
Residing at  
My commission expires  
(Seal)

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Father's Signature  
Address  
City, State, Zip  
Phone Number  
County of  
On this ___ day of ___  
I personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.

Notary Public  
Residing at  
My commission expires  
(Seal)
NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

State of ____________________________________________________________ )
County of ____________________________________________________________ )

I, ________________________________________________________________ (Your name)
signed an acknowledgment of paternity for __________________________________________
(Child's name) on ______________________________________________ (Date)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within 60 days of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department’s vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

_________________________________________  ____________________________
Date                                                Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public for the State of Montana, on the date written above.

_________________________________________  ____________________________
Notary Public                                    Printed Name:
(SEAL)                                              Residing at:
MY Commission Expires:__________________________

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document:

IN PERSON:
DPHHS
Office of Vital Statistics
111 Sanders St., Rm 6
Helena, MT  59620

BY MAIL:
DPHHS
Office of Vital Statistics
PO Box 4210
Helena, MT  59604-4210
## Enrollment Application | Decision

<table>
<thead>
<tr>
<th>ENROLLMENT OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Complete or Incomplete</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
</tbody>
</table>

**COMMENTS:**

<table>
<thead>
<tr>
<th>ACTION TAKEN (PLEASE INDICATE):</th>
<th>□ Incomplete</th>
<th>□ Tabled</th>
<th>□ Approved</th>
<th>□ Disapproved</th>
</tr>
</thead>
</table>

(DIRECTOR OF ENROLLMENT)  
(ENROLLMENT COMMITTEE)  
(ENROLLMENT COMMITTEE)

(Date of Enrollment Confirmation: )  
(Degree of Quantum: )

Enrollment Number: 2021