

CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. BOX 159
CROW AGENCY, MT 59022

Enrollment Application

These forms are a part of a packet used to apply for enrollment and membership in the Crow Tribe. Individuals who are determined through the Enrollment process to be of at least 1/4 (or 128/512) Crow blood according to the 1953 Census will be eligible for enrollment (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 be completed to the best of the applicant's or applicant's parents' knowledge. Each component contains its own set of directions; please read and follow them carefully to facilitate the application process. **Applications that are submitted with inadequate information or missing components will not be considered.** In order for an application to be acceptable, the following components must be included (if applicable):

- Completed Enrollment Application Checklist, signed and dated by applicant or parent/legal guardian if applicant is a minor
- Identification and Contact Form
- Family tree, reaching back three generations (applicant's great-grandparents)
- Marriage License or Proof of Paternity (required if parents are not married; if proof of paternity is signed after six months of applicant's date of birth, DNA is required)
- Certified copy of Applicant's birth certificate
- Tribe Affiliation Form, applicable if applicant's parent is enrolled in another tribe
- Relinquishment Form, applicable if applicant was previously enrolled in another tribe

If you have questions while completing this application, please direct your questions to the Enrollment & Per Capita Department, which can be reached through the following means:

Phone: 406-679-3218

Email: Enrollment@crow-nsn.gov

Thank you,

Derek Big Day, Director
Enrollment & Per Capita

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.

Checklist	
Component	Initials (to indicate completeness)
Identification and Contact	
Family Tree	
Tribe Affiliation Form (if applicable)	
Relinquishment Form from Other Tribe (if applicable)	
Certified Copy of Applicant’s Birth Certificate	
Marriage License or Proof of Paternity	
Acknowledgement	
<p>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.</p>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE OF APPLICANT -OR- PARENT/LEGAL GUARDIAN)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (DATE)

Proof of Descendancy Application | Identification and Contact

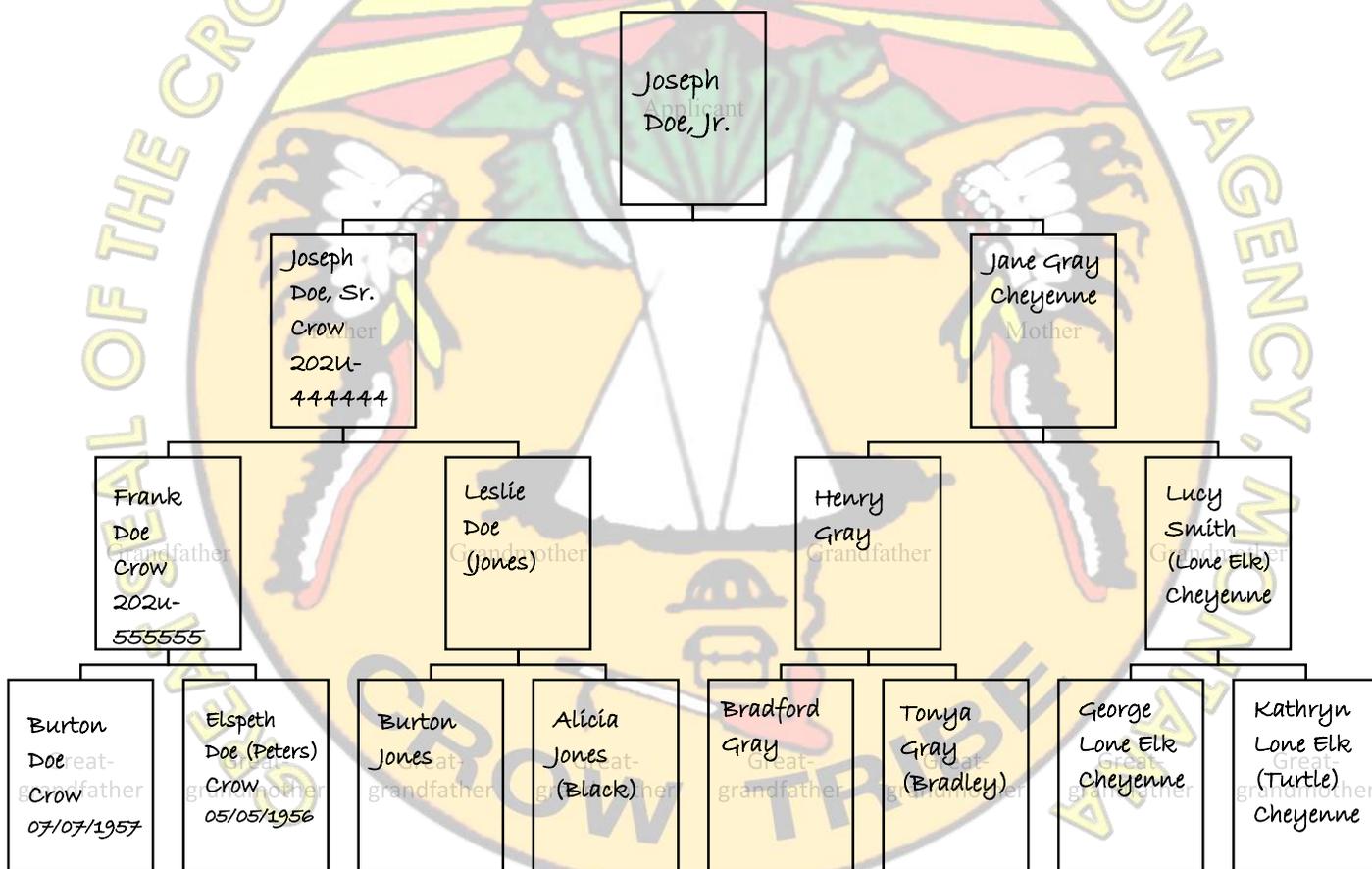
DIRECTIONS: The applicant (or applicant’s parent/legal guardian) must complete this component. When completing the form, be sure to include enrollment/identification (ID) numbers where applicable. The names of the applicant’s mother and father in this component must match those on the applicant’s birth certificate. Pursuant of Ordinance 53-22, blood quantum and eligibility for enrollment cannot be determined through adoption; please include only the biological parents’ information.

Section A: Identification			
1. Applicant Name <small>(FIRST — M.I. — LAST)</small>		2. Date of Birth <small>(MM/DD/YYYY)</small>	3. Place of Birth <small>(E.G. ST. VINCENT HEALTHCARE)</small>
4. Sex: Male or Female <small>(PLEASE CIRCLE ONE)</small>		5. Social Security Number	
Male	Female		
6. Father’s Name		7. Father’s Crow Enroll # <small>(WRITE N/A IF NOT APPLICABLE)</small>	8. Father’s Tribe Affiliation <small>(WRITE N/A IF NOT APPLICABLE)</small>
9. Mother’s Name		10. Mother’s Crow Enroll # <small>(WRITE N/A IF NOT APPLICABLE)</small>	11. Mother’s Tribe Affiliation <small>(WRITE N/A IF NOT APPLICABLE)</small>
12. Please provide of the applicant’s parents Clan names		13a. Is the applicant enrolled with another tribe or have a pending application with another tribe? <small>(PLEASE CIRCLE ONE)</small>	
		Yes	No
13b. If enrolled in another tribe, which tribe and agency?			
Section B: Contact			
1a. Mailing Address: Street or P.O. Box #		1b. City	1c. State
1d. Zip Code			
2a. Street Address: Street # (if different from Mailing Address)		2b. City	2c. State
2d. Zip Code			
3. Home Phone	4. Cell Phone	5. Email Address	
Section C: Acknowledgement			
I hereby acknowledge that the above and attached information is true and correct to the best of my knowledge.			
_____ <small>(SIGNATURE OF APPLICANT OR PARENT/LEGAL GUARDIAN)</small>		_____ <small>(DATE)</small>	

Enrollment Application | Family Tree

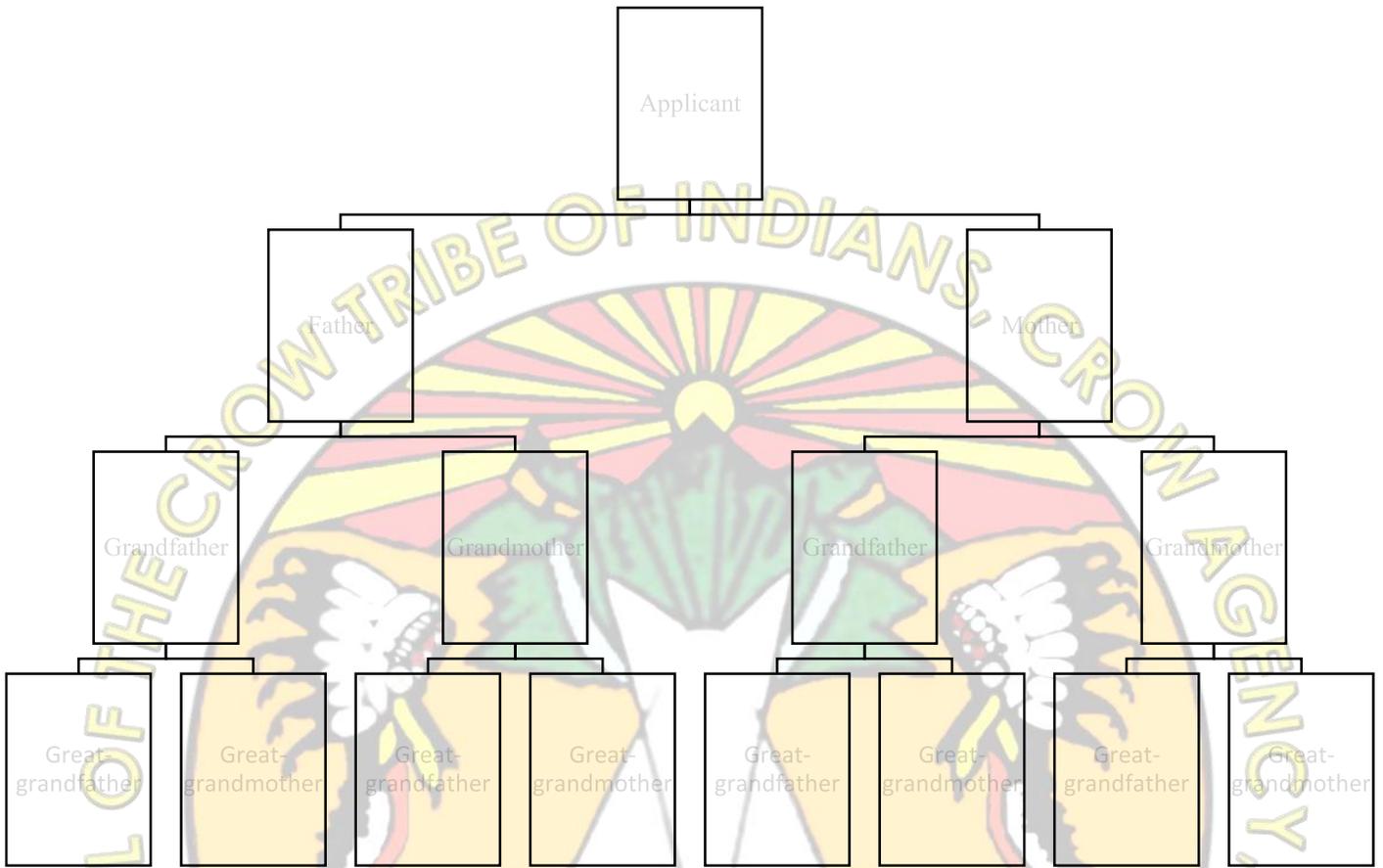
DIRECTIONS: The applicant is eligible for enrollment if the applicant possesses 1/4 Crow blood. To complete this form write the **name, tribe affiliation** (if applicable), and **enrollment number or date of birth** for each of the applicant's ancestors in the provided corresponding spaces provided. Please also **include female ancestors' maiden names** in cases where the female ancestor was married. Bear in mind that the applicant's likelihood of enrollment increases with the greater amount of information provided. Doing so will facilitate the application process. **Remember an individual cannot be dually enrolled as Crow and another tribe.** A sample is provided below for a fictitious applicant.

SAMPLE



Please complete family tree on the next page.

Applicant's Family Tree



I CERTIFY THAT THE BLOOD DEGREES SHOWN HERE ARE IN ACCORDANCE WITH THE 1953 BASE ROLL.

(ENROLLMENT GENEALOGY SPECIALIST)

(DATE)

Enrollment Application | Tribe Affiliation Form

DIRECTIONS FOR APPLICANT: This form is only applicable to those applicants who have a parent enrolled in another tribe. To complete this form, fill out “Section A” and present it to the office that handles enrollment for the tribe the parent of the applicant is affiliated with.

ENROLLMENT OFFICE DIRECTIONS: Please fill out “Section B” in accordance with your office’s records. When finished, kindly sign, date, and provide contact information for your office so that we might contact your office with any questions that may arise. Thank you for your cooperation.

Section A: Identification		
1. Applicant Name <small>(FIRST — M.I. — LAST)</small>	2. Date of Birth <small>(MM/DD/YYYY)</small>	
6. Father’s Name	7. Father’s Date of Birth <small>(MM/DD/YYYY)</small>	8. Father’s Tribe Affiliation <small>(WRITE N/A IF NOT APPLICABLE)</small>
9. Father’s Blood Quantum of Affiliated Tribe	Father’s Tribal Roll #	
9. Mother’s Name	10. Mother’s Date of Birth <small>(WRITE N/A IF NOT APPLICABLE)</small>	11. Mother’s Tribe Affiliation <small>(WRITE N/A IF NOT APPLICABLE)</small>
12. Mother’s Blood Quantum of Affiliated Tribe	13. Mother’s Tribal Roll #	
Section B: Confirmation of Enrollment (Completed by Enrollment Office of Parent’s Affiliated Tribe)		
1a. Is the above named applicant an enrolled member of your tribe? Please indicate “Yes” or “No.”		<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If Yes, please enter the applicant’s Roll Number and Blood Quantum.		
	<small>(ROLL NUMBER)</small>	<small>(BLOOD QUANTUM)</small>
2a. Does the applicant have a pending application to become an enrolled member with your tribe? <small>(PLEASE INDICATE “YES” OR “NO”)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. If Yes, is the applicant eligible for enrollment with your tribe? <small>(PLEASE INDICATE “YES” OR “NO”)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Is the applicant’s father, named above, an enrolled member of your tribe? <small>(PLEASE INDICATE “YES” OR “NO”)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If Yes, please enter the applicant’s Roll Number and Blood Quantum.		
	<small>(ROLL NUMBER)</small>	<small>(BLOOD QUANTUM)</small>
3a. Is the applicant’s mother, named above, an enrolled member of your tribe? <small>(PLEASE INDICATE “YES” OR “NO.”)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If Yes, please enter the applicant’s Roll Number and Blood Quantum.		
	<small>(ROLL NUMBER)</small>	<small>(BLOOD QUANTUM)</small>
I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO THE RECORDS OF OUR OFFICE.		
<small>(SIGNATURE OF AFFILIATED TRIBE OFFICIAL)</small>	<small>(PRINT NAME)</small>	<small>(DATE)</small>
<small>(TITLE)</small>	<small>(EMAIL)</small>	<small>(PHONE)</small>

Enrollment Application | Decision

ENROLLMENT OFFICE USE ONLY		
Application Complete or Incomplete	Date Entered	Enrollment Staff — Print Name and Sign
COMMENTS: <hr/> <hr/>		
<p>ACTION TAKEN (PLEASE INDICATE): <input type="checkbox"/> Incomplete <input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <hr/> <p style="display: flex; justify-content: space-between;"> (DIRECTOR OF ENROLLMENT) (ENROLLMENT STAFF) (BIA REPRESENTATIVE) </p> <hr/> <p style="display: flex; justify-content: space-between;"> (ENROLLMENT COMMITTEE) (ENROLLMENT COMMITTEE) (ENROLLMENT COMMITTEE) </p> <p>Date of Enrollment Confirmation: _____ Degree of Quantum: _____</p> <p>Enrollment Number: 202U _____</p>		

