



CROW TRIBE DESCENDANT APPLICATION

This is an application for Descendant Status for those individuals who have ancestors who are enrolled in the Crow Tribe. While Descendant Status does not entitle an individual to the same benefits as Crow Tribal Members, such as Per Capita payments and Tribal ID's, 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 who are 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 in order for it to be considered complete. All applications that are submitted with inadequate information or missing components will not be considered. For an application to be accepted, the following components must all be included if it applies to the applicant.

- 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) IT WILL BE HELPFUL TO INCLUDE A COPY OF EACH ENROLLED PARENTS BIRTH CERTIFICATE
- 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, thereafter a DNA is required)
- Certified Birth Certificate (photo copies or LIVE birth certificates will NOT be accepted)
- Tribe Affiliation Form, applicable if applicant's parent is enrolled in another tribe
- Relinquishment Form, applicable if applicant was previously enrolled in another tribe
- Legal Guardian Court order document for under age applicants without the natural parents.

If you have questions while completing this application, please call the Enrollment & Per Capita Department.

Email: Enrollment@crow-nsn.gov

Phone: 406.638.2178

Thank you,

Rachel M. Pretty On Top

Rachel Pretty On Top, Enrollment Director

ORIGINAL BIRTH CERTIFICATE must be mailed to:

Crow Tribal Enrollment & Percapita Department
P.O. Box 159
Crow Agency, MT 59022

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: _____

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
- RELINQUISHMENT DOCUMENT FROM TRIBE (IF APPLICABLE)
- 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:

Great Grandfather
Enroll #:
Blood Degree:

Grandfather
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Mother
Enroll #:
Blood Degree:

Great Grandfather
Enroll #:
Blood Degree:

I CERTIFY THAT THE BLOOD DEGREE'S SHOWN ARE ACCORDANCE WITH THE 1953 BASE ROLLS

CROW ENROLLMENT RESEARCH CLERK

DATE

Great Grandmother
Enroll #:
Blood Degree:

Grandmother
Enroll #:
Blood Degree:

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- _____