



CROW TRIBE ENROLLMENT APPLICATION PACKET

The applicant must be at least $\frac{1}{4}$ 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 to be completed to the best of the applicant's or parents' knowledge. Each part contains its recommendation: please read and follow them carefully to facilitate the application process. For an application to be acceptable, the following must be included (if applicable):

- **Completed Enrollment Application Checklist: signed and dated by applicant or parent(s)/legal guardian if applicant is a minor.**
- **Identification and contact form.**
- **Live birth and/or Certified Birth Certificate of applicant. (Enrollment Department will NOT accept PHOTOCOPIES)**
- **Family Tree, reaching back to three generations (Applicant's great-grandparents)**
- **Copy of each enrolled parent's 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 IS REQUIRED.**
- **Tribe Affiliation Form, applicable if applicant's parent is enrolled in a different tribe. The Enrollment Department is not responsible to obtain verification.**
- **For an underage applicant without natural parents, the legal guardian will have to submit legal documents.**

Application submitted with inadequate information or missing information will not be accepted.

If you have any questions while completing this application, please direct your questions to the Enrollment Department.

Contact Information:

Phone: 406-638-2178

Email: Crowenrollment@crow-nsn.gov

Mail: Crow Tribe Enrollment
P.O. Box 159
Crow Agency, MT 59022



Proof of Enrollment Application Identification and Contact



Name of Applicant: _____

Mailing Address of Applicant: _____

(Per capita Address of Parent(s))

Phone: _____

Sex: _____ Date of Birth: _____

Requirements: Submit Live Birth and/or Certified Birth Certificate. The Live Birth and/or Certified Birth Certificate must show the name of the NATURAL PARENTS.

Place of Birth: _____

CITY

STATE

Father's Name: _____

Mother's Name: _____

A copy of the Marriage certificate must be attached to the application. If parents are unmarried, you must submit a notarized affidavit establishing paternity from father of child. The marriage certificate and/or notarized affidavit will be the documents used to establish paternity.

If the applicant is ADOPTED, please provide legal documents.

Signature of applicant or Parent/Legal Guardian

Signature of applicant or Parent/Legal Guardian

Date

Date



Enrollment Application Checklist

Directions: As the applicant (or applicant's parent(s)/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

LIVE BIRTH AND/OR CERTIFIED BIRTH CERTIFICATE With the natural parents listed. Informational copies, Photocopies, any birth certificate without the natural parent listed will NOT be accepted.	
COPY OF BIRTH CERTIFICATE OF APPLICANT'S PARENT(S) Must be furnished to verify family tree, and to calculate accurate blood quantum.	
MARRIAGE CERTIFICATE Must be furnished by Ordinance 53-22. A Live Birth and/or Birth Certificate showing the name of the person as the FATHER cannot be only support of paternity.	
UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT Must be furnished to establish the fact	
APPLICANT'S PARENT ENROLLED IN DIFFERENT TRIBE A written verification from the tribe stating the parent is enrolled must be furnished. The verification needs to state the applicant is not enrolled nor has a pending application with said tribe.	

ACKNOWLEDGEMENT

I certify that all required components, documents, and information are 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 Department will not accept application. **If the application is mailed incomplete, the application will be mailed back to the sender.**

Signature of applicant or Parent/Legal Guardian

Signature of applicant or Parent/Legal Guardian

Date

Date



ENROLLMENT APPLICATION TRIBE AFFILIATION FORM

Are any of the parents enrolled in different tribes? YES NO

If yes, the parent must furnish a written verification of non-enrollment from the 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 to the Enrollment Clerk. The certified copy will not be released for any other use 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.

Signature of Applicant or Parent/Legal guardian

Date

Signature of Applicant or Parent/Legal guardian

Date

NOTE: If father is not listed on the Birth Certificate, Crow Tribal Enrollment will not acknowledge father for the applicant.



Great Grandfather
Enroll #:
Blood Degree:

Grandfather
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Father
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:



MONTANA DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES
VITAL RECORDS & STATISTICS BUREAU
PO BOX 4210
HELENA, MT 59604-4210

PATERNITY
ACKNOWLEDGMENT

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))		MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

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 Acknowledgement, 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 _____
State of _____
County of _____
On this _____ day of _____

_____ 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 _____
State of _____
County of _____
On this _____ day of _____

_____ 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)

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL STATISTICS

NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

State of _____)

:ss.

County of _____)

I, _____, signed an acknowledgment of paternity
(Your name)
for _____ on _____
(Child's name) (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.

(SEAL)

Notary Public
Printed Name: _____
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