

CHEMEHUEVI ENROLLMENT DEPARTMENT

1990 Palo Verde Drive • P.O. Box 1976 • Havasu Lake • California 92363 Phone • (760) 858 - 4219 Fax • (760) 858 - 5401 Email • enrollment@cit-nsn.gov

ENROLLMENT APPLICATION GUIDELINES

Dear Applicant:

The Chemehuevi Indian developed the following guidelines to assure that your application is complete. Please follow the instructions carefully so the Enrollment Department will have no delays in processing your application.

IMPORTANT NOTICE: Application must be completed in **Black or Blue Ink**. If You make a mistake; **DO NOT use white out**. This will VOID your application. Faxed copies are **UNACCEPTED**. If your application is incomplete, it may cause delays in the application process. You will receive a written notice to furnish the missing documents within (90) ninety days or your application will be discarded and a new one will need to be submitted.

Should you have any questions or need assistance completing the application, please contact the Chemehuevi Enrollment Department at (760) 858-4219.

APPLICATION INSTRUCTIONS:

- 1. Application's Full Name: Enter applicant's name exactly as it appears on the Social Security Card.
- 2. **Chemehuevi Indian Blood:** Enter in fraction form the total amount of Chemehuevi blood from mother and or father.
- 3. Sex: Circle Male or Female
- 4. **Date of Birth:** Enter applicant's date of birth as month, day, and year.
- 5. **Social Security Number:** Enter the applicant's nine-digit social security number as it appears on his/her social security. If none, you must apply and submit a copy of receipt from the Social Security office that you have applied for a card.
- 6. **Mailing address:** Enter the full address where you receive your mail, including Post Office Box, street, city, state, and zip code. Enter a good contact phone number.
- 7. Circle the appropriate answer for each question.
 - a) If applicant is adopted. Circle: YES or NO
 - b) If the applicant is enrolled with another Tribe. Circle YES or NO. If yes enter the Tribe and enrollment number.

- c) If the Applicant is a direct lineal descendant of a Base Enrolled Chemehuevi Member from the January 9, 1993 Roll.
- d) Enter the Base Enrollee's name and Enrollment number.
- 8. **Signature of Applicant:** Applicant must sign application, unless the applicant is a Minor child OR is unable to do so because of a physical or mental disability, in which case, the applicant's parent, grandparent or legal guardian is required to sign the application as the applicant's sponsor and state relationship to applicant.

FAMILY TREE INSTRUCTIONS:

1. **Applicant:** Enter applicant's full name as they appear on certificate of birth, enter in fraction form (i.e., 1/8, 1/16, 1/32, . . .) your total degree of Chemehuevi Blood.

2. **Father/ Mother:** Enter names as they appear on certificate of birth; enter in fraction form their total degree of Chemehuevi Indian blood. Check Non-Indian if no Indian blood is declared.

3. **Grandfather/Grandmother:** Enter names as they appear on certificate of birth; enter in fraction form their total degree of Chemehuevi Indian Blood. Check Non-Indian if no Indian Blood is declared.

4. Great-Grandfather/Great-Grandmother: Enter names as they appear on certificate of birth; enter in fraction form their total degree of Chemehuevi Indian Blood. Check Non-Indian Blood if no Indian Blood declared.

<u>*All Applicants MUST provide an Original or Notarized copy of his/her Birth Certificate AND Social</u> Security card along with the application.

APPLICATION CHECKLIST

[] Completed Signed Enrollment Application in Full

[] Long Form Birth Certificate

[] Social Security Card

[] U.S. Citizenship (if born out of the United States)

[] Completed Family Tree with blood quantum

Thank you,

Enrollment Department