



# CHEMEHUEVI ENROLLMENT DEPARTMENT

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# \_\_\_\_\_

## ENROLLMENT APPLICATION

Person eligible for enrollment in the Chemehuevi Indian Tribe. Any Applicant who is a direct lineal descendant of a Chemehuevi Base Enrollee from the January 9, 1993, Roll.

**APPLICATION REQUIREMENTS:** Please use black or blue ink. Do not use white out on application, it will VOID application. **SUBMIT ORIGINAL OR NOTARIZED COPY OF APPLICANTS BIRTH CERTIFICATE AND SOCIAL SECURITY CARD with application.**

Applicant's Full Name (as shown on the Social Security Card)

Blood Quantum: \_\_\_\_\_ / \_\_\_\_\_ Sex: Male or Female Please Circle one

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Country

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address/ P.O. Box

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip-Code

Physical Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip-Code

Cell phone no: \_\_\_\_\_ Alternate no: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE APPROPRIATE ANSWER

- a) Applicant is an adopted child: YES or NO  
If YES, Name of Adopted Parents \_\_\_\_\_

- b) Applicant is an enrolled member of another Tribe: YES or NO  
If YES, Tribal Affiliation & Number \_\_\_\_\_

- c) Applicant is a direct lineal descendant of BASE enrollee of the Chemehuevi Indian Tribe on or before January 9, 1993: YES or NO  
If YES, Name of Base Enrollee \_\_\_\_\_

Roll no. \_\_\_\_\_ Relationship of Base enrollee to Applicant \_\_\_\_\_

- d) Applicant a United States Citizen: YES or NO  
If YES, can you provide proof of citizenship? \_\_\_\_\_

*By signing this application, you agree that you have supplied all relevant data in support of your enrollment and that the information contained in the application and supporting documentation is true and complete to the best of your knowledge and belief. You also agree that you have not omitted any information known to you that could have a material effect on the Enrollment Committee or the Tribal Council's Decision. Making any untrue statement, submitting any false or fraudulent evidence, or intentionally or negligently omitting any material facts or evidence in connection with any application is grounds for disenrollment. The burden of proof and producing evidence shall be upon the applicant.*

*You will receive written notice that your application has been accepted. If there are any missing documents or additional documents are needed you will receive written notice to supply the missing documents within (90) days or your application will be discarded, and a new one will need to be submitted.*

If you need help or have questions, please contact enrollment at (760) 858-4219.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent/ Guardian/Legal representative \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If someone other than the applicant or parent is completing the application, please fill out information below, sign and date.

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Sponsors Relationship to Applicant \_\_\_\_\_ Roll No. \_\_\_\_\_

Print Name \_\_\_\_\_

ENROLLMENT DEPARTMENT USE ONLY
Date Received: _____ Received By _____
Title of person receiving application _____
<input type="checkbox"/> Completed Signed Enrollment Application in Full <input type="checkbox"/> Original or Notarized Copy of Birth Certificate (Long Form) <input type="checkbox"/> Original or Notarized Copy of Social Security Card <input type="checkbox"/> Valid State, Federal, Tribal or School issued Photo Identification <input type="checkbox"/> Completed Family Tree with Blood Quantum <input type="checkbox"/> Marriage Certificate (if applicable) <input type="checkbox"/> Proof of U.S. Citizenship-Certificate of Citizenship or Certificate of Naturalization (if born out of the United States) <input type="checkbox"/> Court Custody or Adoption Records (if applicable) <input type="checkbox"/> Relinquishment verification from another Tribe (if applicable) <input type="checkbox"/> Affidavit of paternity (if father's name is not listed on the birth certificate) <input type="checkbox"/> Stipulated Paternity documents (if required)

Notes Regarding Application: