

# UINTA VALLEY SHOSHONE TRIBE OF UTAHS

## ENROLLMENT APPLICATION INSTRUCTIONS

Applicants must have direct blood lineage into the Uinta Valley Shoshone Tribe of Utahs, with no breaks in the family line. Adoptions will not be accepted, unless the child can qualify for membership through their biological blood lines.

1. When filling out the enrollment application, be sure to answer all the questions. Print clearly in Black or Blue ink **only**. Please make sure the application is signed and dated. Incomplete applications will not be accepted and returned to you.

2. **If the name on the application differs from the BIRTH NAME, please provide documentation of the name change with the application (i.e. Marriage License, Divorce Decree or court documents).**

3. **Complete BIA Form 8305 Ancestry Chart.** This information pertains to the applicant's genealogy on both sides of his/her family.

4. Complete the MEMBERSHIP RECORD form. This information pertains to the applicant, his/her parent's names, date of birth, and his/her siblings.

5. **Submit a COPY of an ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE.** Hospital, county, city commonwealth, religious or birth records will not be accepted. The birth certificate must show the full name of the parent(s) through whom eligibility is claimed.

6. **Submit a COPY of the applicants SOCIAL SECURITY CARD.**

7. List the address where the applicants mail is actually received. This address will not be changed unless so advised by the applicant or, if a minor, by the applicant's parent, guardian.

*Please notify the office of changes to your address, phone number or email.*

8. **POSSESSION OF INDIAN BLOOD:** If the applicant possesses blood of any other Federally Recognized Tribe, please list **all** tribes on the application. **We do not allow dual enrollment** and a verification must be sent to the other tribes, bands or organizations acting as a tribe. If you do not list the other tribes it can slow the application process.

9. Please include a picture (**headshot with no hat or sunglasses**), smart phone pictures are acceptable.

Please complete the entire application, sign and date before mailing to the address below.

UINTA VALLEY SHOHONE TRIBE OF UTAHS  
P.O. BOX 836  
FORT DUCHESNE, UT 84026

*All information submitted to the Enrollment Department is confidential. No information will be given to anyone other than the applicant, unless proper documentation is provided.* WARNING: Section 1001 of Title 18 of the United States Code make it a criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States government as to any matter within its jurisdiction.



# UINta Valley Shoshone Tribe of Utahs ENROLLMENT APPLICATION

12/2024

**APPLICANT'S FULL LEGAL NAME:**

\_\_\_\_\_

**Maiden, Native American, or other names by which known:**

\_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender (circle one):**    Male    Female

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. (circle one)**

**IS APPLICANT ADOPTED?**    Yes    No    (If yes, you are not eligible to be enrolled. Applicant must have direct blood lineage into the Uinta Valley Shoshone Tribe of Utahs and there can be no breaks in the family line.)

Has the applicant's Birth Certificate been amended?    Yes    No    (If yes, please provide documentation.)

Yes    No    Has the applicant ever been enrolled or are they enrolled with another tribe?  
(If yes, what tribe? \_\_\_\_\_)

Yes    No    Has the applicant ever relinquished their rights with another tribe?  
(If yes, what tribe and when? \_\_\_\_\_)

Yes    No    Has the applicant received benefits in land or money by virtue from another tribe?

Yes    No    Does the applicant possess blood of any other federally recognized tribe?  
(If yes, what tribe(s)? \_\_\_\_\_)

Yes    No    Has the applicant ever applied for membership with the Uinta Valley Shoshone Tribe?  
(If yes, when? \_\_\_\_\_)

**Please list the Uinta Band of Utahs member of the 490 to whom the applicant is claiming lineage:**

Member Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_



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Relationship: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Person completing the application (If the applicant is a minor, this form must be signed by the applicants' legal guardian or custodial parent.)

## CERTIFICATION:

I hereby certify that the information provided on this membership application is true and accurate. I further understand that providing false information to deliberately obtain tribal membership can and will result in immediate rejection of application and immediate removal from tribal membership (if enrolled).

Printed Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

## FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ ASSIGNED ROLL NUMBER: \_\_\_\_\_

DENIED: \_\_\_\_\_ If denied, reason for denial: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
UINTA VALLEY SHOSHONE TRIBE OF UTAHS (AFFILIATED UTE CITIZENS OF UTAH INDIANS):  
ENROLLMENT OFFICE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
UINTA VALLEY SHOSHONE TRIBE OF UTAHS (AFFILIATED UTE CITIZENS OF UTAH INDIANS):  
LEADERSHIP

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SUPERINTENDENT OF THE UINTA AND OURAY AGENCY



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## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ being of the legal age of eighteen (18) years of age or older, voluntarily give my consent to release the following information or records about myself and/or child to the Uinta Valley Shoshone Tribe.

Print name of minor child: \_\_\_\_\_

By signing below, I certify that I am the individual (or guardian/custodial parent if a minor) to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in the manner so deemed appropriate by the Uinta Valley Shoshone Tribe of Utahs. I also agree not to hold the Uinta Valley Shoshone Tribe of Utahs liable for any claims or injury that may occur as a result of the release of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*This document is **INDEFINITE** and is for enrollment purposes only.*

Uinta Valley Shoshone Tribe of Utahs  
P.O. Box 836  
Fort Duchesne, UT 84026

Phone: (435) 725-5340  
[www.uintavalleyshoshone.com](http://www.uintavalleyshoshone.com)



# UINTA VALLEY SHOSHONE TRIBE OF UTAHS ENROLLMENT APPLICATION

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Applicant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## **FAMILY HISTORY:**

Mother's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrolled with the Uinta Valley Shoshone Tribe of Utahs? Yes No **(If yes, provide their Roll # \_\_\_\_\_)**

Enrolled in or possess blood of a tribe other than the Uinta Band of Shoshone? Yes No  
**(If yes, provide the name of the other tribe: \_\_\_\_\_)**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrolled with the Uinta Valley Shoshone Tribe of Utahs? Yes No **(If yes, provide their Roll # \_\_\_\_\_)**

Enrolled in or possess blood of a tribe other than the Uinta Band of Shoshone of Utahs? Yes No **(If yes, provide the name of the other tribe: \_\_\_\_\_)**

Please list the applicant's siblings and/or children, if more space is needed write the remaining information on a separate piece of paper (This information is optional but it may assist us in the enrollment process).

### **Siblings**

NAME	DATE OF BIRTH	ROLL # (if known)	RELATIONSHIP TO APPLICANT

### **Children**

NAME	DATE OF BIRTH	ROLL # (if known)	RELATIONSHIP TO APPLICANT

## **MILITARY SERVICE RECORD:**

Did you serve in the United States Military: Yes No

Branch of Service: \_\_\_\_\_ Service Dates: \_\_\_\_\_

Honorable Discharge: Yes No **(If no, please provide an explanation: \_\_\_\_\_)**

\_\_\_\_\_ )