Chevak Traditional Council
P.O. Box 140 | 200 Aurora Street
Chevak, Alaska 99563
info@chevaktc.gov | www.chevaktc.gov

TRIBAL ENROLLMENT

Application Number VAK-
Date Received

Applicant Name _____
First Middle Last

Mailing Add. _____

Physical Add. _____

City, State Zip _____

Email _____ **Phone** _____

Date of Birth _____

Place of Birth _____

Social Security # _____

Marital Status ☐Married ☐Single ☐Widowed
Gender ☐Male ☐Female
Veteran? ☐Yes ☐No
Ethnicity ☐Alaskan Native ☐American Indian ☐African American ☐Hispanic ☐Hawaiian ☐White

Degree of Cup'ik/Yup'ik Blood _____
Cup'ik/Yup'ik Other Total

Is applicant a direct lineal descendant of Chevak Native Tribe? ☐Yes ☐No
Is applicant enrolled with another tribe? ☐Yes ☐No
Are either applicant's parents enrolled with another tribe? ☐Yes ☐No
Is yes, which parent and tribe? _____

A certified birth certificate, baptismal record, or other proof of birth and parent age must be submitted with an enrollment application.

I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause for disenrollment. I also authorize the release of this information to any organization for the purpose of processing this application.

_____ _____
Signature of Applicant/Sponsor Date

ACTION

☐ APPROVED ☐ DENIED Reason if Denied _____

_____ _____
Approving Authority Date

Revised 11/2025

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ANCESTRY CHART

1) Fill out one for each applicant using full names.
2) All women should be shown by maiden and married names.
3) Go as far back as you can to determine degree of Indian blood.

Maternal Grandmother _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

Mother _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

Maternal Grandfather _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

Father _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

Fraternal Grandmother _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

Fraternal Grandfather _____
Date of Birth _____
Birthplace _____
Tribe _____
Degree of Blood _____

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