FORT BELKNAP INDIAN COMMUNITY
Enrollment Department
656 Agency Main St.
Harlem, MT 59526
PH: (406) 353-8531 - Manager
PH: (406) 353-8532 - Clerk
Fax: (406) 353-2691

Fort Belknap Indian Community
Enrollment Procedure

1. Please sign application, where applicable. Eighteen (18) years and older do not need parents signature, only for paternity.

2. Applicant/Parents of Applicant:
   a. Applicant is to provide certified documentation on name change, as birth certificate has birth name. Name changes such as marriage, adoption, name change through court order.
   b. Couples married at time of birth of applicant, please submit a certified marriage license. See attached Resolution #166-97
   c. Couples not married and/or common-law marriage at time of birth of applicant is to comply with the requirements of resolution #166-97. Both parents are to sign paternity acknowledgement. (See Courts)
   d. Custodial/Adoption documentation. (See Courts)

3. Applicants certified birth certificate, with biological parents [actual birth certificate, not a copy]

4. A $5.00 processing fee which can be exact cash or money order/check made payable to the Fort Belknap Indian Community. Enrollment staff will take your processing fee to Finance and attach receipt for you if application is mailed into our office.

5. A copy of the applicants Social Security Number (card), for identification purposes. There may be more than one individual with the same name.

6. Parents enrolled with another Tribe, please submit your “Certificate of Indian Blood” and a letter from your Tribe, stating that the applicant has not applied and is not enrolled with that Tribe.

7. If you are getting enrolled using a grandparents Tribal blood, please attach copies of birth certificates linking you to that grandparent.

8. Need original written on application. Copied or faxed application will not be excepted.

9. All filled out forms of the application have to be signed in front of a notarize personnel, application if not notarized will result in a delay of your application.

10. Please submit all documentation with completed application form. Incomplete application forms will not be accepted and returned to the applicant.

11. Mail application to:
   Fort Belknap Indian Community
   ATTN: Enrollment
   656 Agency Main Street
   Harlem, MT 59526

**"IMPORTANT: STANDARD CERTIFICATE OF LIVE BIRTH (STATE BIRTH CERTIFICATE) MUST BE ATTACHED TO THIS APPLICATION"**

*IF USING FATHER’S BLOOD, FATHER’S NAME MUST APPEAR ON BIRTH CERTIFICATE*
FORT BELKNAP INDIAN COMMUNITY
ENROLLMENT APPLICATION

(PLEASE PRINT CLEARLY)

APPLICANT INFORMATION:

Applicant: ____________________________ DOB: ______________

Last, First                   MI

Mailing Address: ____________________________ Phone #: ____________

Address                      City, State Zip Code

Male or Female: ____ SSN: _______ - - - Birth Place: ______________

Married: Yes____ No____ Maiden Name: ____________________________

PARENTS INFORMATION:

Mother’s Name: ____________________________ Mailing Address: ______________

Maiden SSN: _______ - - - Mother Enrolled At: ______________

Father’s Name: ____________________________ Mailing Address: ______________

SSN: _______ - - - Father Enrolled At: ______________

CERTIFICATION OF INFORMATION GIVEN

The Undersigned hereby certifies on behalf of the applicant that the foregoing information is true to the best of his/her knowledge and that if any material statements are false, any enrollment granted pursuant to the application shall be void and of no effect.

Applicant Signature: ____________________________ Date: ____________

Parent or Legal Guardian (if applicant is under age):

Signature: ____________________________ Date: ____________

NOTARY:

State of: ________________________ SS

County of: ________________________

On this ______ day of ______________, 20____, before me a Notary Public for the State of ______________, personally appeared ________________________, and ______________________ known to me to be the person(s) whose name(s) are subscribed to the within instrument and acknowledge to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

______________________________ Notaries Seal or Stamp

______________________________ Notaries Signature & Date
PATERNITY ACKNOWLEDGEMENT

___________________________  DOB:___________  Sex: Male or Female
Child's Name

___________________________  DOB:___________  Enrolled: Yes or No
Mother's Name

___________________________  DOB:___________  Enrolled: Yes or No
Father's Name

NOTARY:

Mother's Signature:___________________________  Date:___________

Subscribed and sworn before me this _____ day of ________________, 20____ at

___________________________     _______________________
City                   State

___________________________
Notaries Seal or Stamp

___________________________
Notaries Signature & Date

I do hereby acknowledge the fact, for the record that I am the father of the above child, and that
this child will share in my estate and have the same inheritance rights as any of my other children.

___________________________  Date:___________
Father's Signature:

Subscribed and sworn before me this _____ day of ________________, 20____ at

___________________________     _______________________
City                   State

___________________________
Notaries Seal or Stamp

___________________________
Notaries Signature & Date
RELEASE OF CONFIDENTIAL INFORMATION

**Giving authorization to the Fort Belknap Enrollment Office to obtain personal information in relation to my enrollment application.**

Applicant's Information:

Applicant's Name: ___________________________ DOB: ______________

Mailing Address: __________________________________________
Address City, State, Zip Code

Applicant's Signature: ___________________________ Date: __________

Parent or Legal Guardian (if applicant is under age):

Signature: ___________________________ Date: __________

NOTARY:

State of ________________ SS
County of ________________

On this _____ day of __________________, 20____, before me a Notary Public for the State of ________________________ personally appeared ______________________, and ______________________ known to me to be the person(s) whose names are subscribed to the within instrument and acknowledge to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

__________________________ Notaries Seal or Stamp

__________________________ Notaries Signature & Date