

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: _____ Last, _____ First _____ MI _____ DOB: _____

Mailing Address: _____ Address _____ City, _____ State _____ Zip Code _____ Phone #: _____

Male or Female: _____ SSN: _____ - _____ - _____ Birth Place: _____

Married: Yes _____ No _____ Maiden Name: _____

PARENTS INFORMATION:

Mother's Name: _____ Maiden _____ Mailing Address: _____

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.

Father's Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20__ at
_____, _____
City State

Notaries Seal or Stamp

Notaries Signature & Date

Fort Belknap Indian Community Family Tree

