



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*

Program Compliance • Andrew P. Hope Building  
PO Box 25500 • Juneau, Alaska 99802

**TRIBAL CITIZENSHIP IS LIMITED TO TLINGIT AND/OR HAIDA BLOOD**

Full legal name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Other names used (maiden, etc.): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc Sec # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: Male  Female

<sup>1</sup>Were you adopted? Yes or No (circle one)

If over the age 18; must be filed by applicant.

Application filed by: Self: \_\_\_\_ \*Parent/Guardian: \_\_\_\_ \*Sponsor: \_\_\_\_ (\*Please complete below)

Name of person filing application: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Notice of False or Misleading Information:** If any statements are proven to be misleading or false, penalties may include delay, disenrollment, criminal, or civil charges filed against applicant or sponsor.

**Privacy Act Notification:** All enrollment information will remain confidential.

I hereby certify that the information given above is correct and true and used for the purpose of enrolling to be a tribal citizen of Central Council of Tlingit and Haida Indian Tribes of Alaska.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For office use only**

**One or both of the following documents are required for verification:**

\_\_\_\_ A Certified Copy of State Birth Certificate (Originals must be sent; Photocopies **NOT** accepted)

\_\_\_\_ Paternity Papers (Native Parent is not on the birth certificate. DNA tests **CANNOT** be accepted)

\_\_\_\_ Other Documents (Guardianship, Court, Etc.)

<sup>1</sup> If adopted, must provide both Pre-Adopted and Amended Birth Certificates



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Applicant must be of Tlingit or Haida descent - (Biologically) is the applicant biologically Tlingit or Haida? circle one Yes or No **Do not proceed if you answered no.**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please read the following for your application to be complete -**

- Original Certified Copy of Birth Certificate. (Long form birth certificate listing the parents)
- Photocopies of your birth certificate will not be accepted.
- Faxed or emailed applications and/or birth certificates will not be accepted.
- If Biological or Adopted section is left blank; your application will be returned for completion.
- If you are adopted, both the pre-adoptive and amended birth certificates are required.
- Family Tree must be completed to the best of your knowledge for both parents regardless of Native status.
- Voting Community selection is important. This process is key for our elections and programs.
- Please select a community listed below if you live outside one of our 21 communities.
- Signature and date are required to complete the application.
- If the applicant is 18 years of age or older, they must sign the application themselves.
- If the applicant is a minor, the parent or legal guardian must sign the application on their behalf.
- **Legal guardian** must provide a copy of their guardianship paperwork with the application.
- Birth Certificate/s will be mailed back to you via certified mail, return receipt.

**IF ANY PART OF THE APPLICATION IS INCOMPLETE, THE APPLICATION WILL BE RETURNED**

Tlingit & Haida Tribal Enrollment Committee meets quarterly. Once application is complete, it will be processed and presented to the next Tribal Enrollment Meeting.

If you need assistance in completing your application(s), please call 907-463-7146 or email your questions to [enrollment@ccthita-nsn.gov](mailto:enrollment@ccthita-nsn.gov).

**<sup>2</sup>VOTING COMMUNITY**

If you live more than 100 miles outside of one of the communities below, please select one. All others will be automatically entered into their respective community

<input type="checkbox"/> Anchorage	<input type="checkbox"/> Juneau	<input type="checkbox"/> Metlakatla	<input type="checkbox"/> Sitka
<input type="checkbox"/> Angoon	<input type="checkbox"/> Kake	<input type="checkbox"/> Pelican	<input type="checkbox"/> Wrangell
<input type="checkbox"/> Craig	<input type="checkbox"/> Kasaan	<input type="checkbox"/> Petersburg	<input type="checkbox"/> Yakutat
<input type="checkbox"/> Haines	<input type="checkbox"/> Ketchikan	<input type="checkbox"/> San Francisco	
<input type="checkbox"/> Hoonah	<input type="checkbox"/> Klawock	<input type="checkbox"/> Saxman	
<input type="checkbox"/> Hydaburg	<input type="checkbox"/> Klukwan	<input type="checkbox"/> Seattle	

<sup>2</sup> Please select your residency community. If you live in a different community than your mailing address



Central Council of Tlingit and Haida Indian Tribes of Alaska  
 Program Compliance • Family Tree

Please add as much information as possible. Middle initials and dates of birth really help us when trying to identify citizens. Enrollment #'s help but are not required.

Applicant: \_\_\_\_\_  
 Siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Biological Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 Fathers Siblings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Biological Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 Mothers Siblings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 \_\_\_\_\_

Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 \_\_\_\_\_

Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Enroll # (If known) \_\_\_\_\_  
 \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Where does your family originate from? \_\_\_\_\_

Your moiety: Eagle  Raven

Your Tlingit/Haida name: \_\_\_\_\_

What clan do you belong to? \_\_\_\_\_

DOB = Date of Birth  
 Enroll # = Enrollment Number