



Organized Village of Kasaan

PO Box 26 Kasaan, AK 99950 • (907)542-2230 • www.kasaan.org

ENROLLMENT APPLICATION

Enrollment is limited to natural and adopted descendants of current enrolled Tribal Citizens, and North American Indigenous Peoples including but not limited to, Alaska Native, American Indian, and Indigenous Hawaiian who reside within the customary and traditional area of Kasaan, Alaska.

PLEASE READ. The following contains important information regarding application completion.

- If the applicant is 18 years of age or older, they must sign the application themselves.
- If the applicant is a minor (person under the age of 18), the parent or legal guardian must sign the application on their behalf.
- Legal guardian must provide a copy of their guardianship paperwork with the completed application.
- If any required section of the application is not completed, the application will be returned for completion.
- Original Certified Birth Certificates are required. Faxed or emailed applications with birth certificates will not be accepted.
- Proof of Blood Quantum. (Tribal ID, Certificate of Indian Blood, etc.)
- Copy of Social Security Card.
- If you are adopted, please include both pre-adopted and amended birth certificates.
- Family Tree section must be completed to the best of your knowledge for both parents regardless of Native status. (If descendency cannot be confirmed with information provided, application may be denied.)
- Proof of residency is required for non-base roll applicants. (ex., utility bill, rent receipt, etc.)
- Original Documents will be mailed back to you via certified mail, return receipt.
- If applicant is enrolled in another federally recognized tribe other than CCTHITA, proof of relinquishment is required.

The Organized Village of Kasaan Tribal Council acknowledges that certain barriers exist with regard to obtaining original documentation. If applicant is facing difficulty accessing the required documentation, please contact OVK Enrollment Committee via email at enrollment@kasaan.org to identify a solution.

(PLEASE CIRCLE YES OR NO. IF APPLICANT IS OVER THE AGE OF 18; MUST BE FILED BY APPLICANT.)

APPLICATION FILED BY: *Self: (Y) (N) *Parent/Guardian: (Y) (N) *Sponsor: (Y) (N)
If application is being completed on behalf of a minor child, this section must be completed by Parent/Legal Guardian.
Name of person filing application.: _____
Mailing Address: _____
Phone #: _____ Email: _____
Relationship to applicant: _____

SECTION 1: PERSONAL INFORMATION

Full legal name of Applicant: _____ Suffix: _____

Other names used (maiden, etc.): _____

DOB: ___/___/___ SSN#: _____ - _____ - _____ Gender: Male Female Other:

Were you adopted? Yes or No (circle one) *If yes, both pre-adopted and amended birth certificates are required*

Tribe(s) of origin (Ex., Haida, Cherokee, Tlingit etc.): _____



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SECTION 1: PERSONAL INFORMATION (CONT'D)

Mailing Address: _____ Physical Address: _____
City: _____ State: _____ Length of Residency: _____
Phone #: _____ Email: _____
Preferred method of contact: _____ Days & Times: _____

SECTION 2 STATUS

Are you enrolled in Central Council Tlingit & Haida Indian Tribes of Alaska? (Y) (N) (circle one)
CCTHITA Enrollment # _____ Blood Quantum Listed: _____
Are you an Alaska Native Corporation Shareholder? (Ex., KAVILCO, Sealaska, etc. (Y) (N) (circle one)
Name of Corporation: _____ Shareholder ID # (If known) _____
Are you enrolled in any other federally recognized tribe other than CCTHITA? (Y) (N) (circle one)
(If yes, proof of relinquishment is required for this application to be complete.)

SECTION 3: GENOLOGY *(Please complete to the best of your ability.)*

Where does your family originate from? _____
What Clan do you belong to? (If known): _____
Haida (Or Indigenous) Name: _____
What is your moiety? Eagle Raven Other
The Organized Village of Kasaan is working to build a database of genealogical resources to preserve cultural history. Do you need assistance researching your clan/family of origin? (Y) (N) (circle one)

NOTICE OF FALSE OR MISLEADING INFORMATION: If any statements provided are proven to be false or misleading, 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 to the Organized Village of Kasaan IRA for the purposes of enrolling as a Tribal Citizen of the Organized Village of Kasaan.

Signature: _____ Date: _____



Organized Village of Kasaan ● Enrollment Family Tree

Please add as much information as possible. Middle initials and dates of birth really help to identify citizens. Enrollment #'s help as well but are not required. If you need additional assistance completing your family tree, email enrollment@kasaan.org for additional resources.

DOB= Date of Birth
ENR# = Enrollment #

Applicant: _____
Applicant's Children: _____

Applicant's Siblings: _____

Biological Father: _____
Father's Clan: _____
Father's Haida Name: _____
DOB: _____ **ENR#:** _____
Father's Siblings: _____

Biological Mother: _____
Mother's Clan: _____
Mother's Haida Name: _____
DOB: _____ **ENR#:** _____
Mother's Siblings: _____

Father: _____
Father's Clan: _____
Haida Name: _____
DOB: _____
Father's Siblings: _____

Mother: _____
Mother's Clan: _____
Haida Name: _____
DOB: _____
Mother's Siblings: _____

Father: _____
Father's Clan: _____
Haida Name: _____
DOB: _____
Father's Siblings: _____

Mother: _____
Mother's Clan: _____
Haida Name: _____
DOB: _____
Mother's Siblings: _____

Father's Paternal Grandparents
Grandfather: _____

Grandfather DOB: _____

Grandmother: _____

Grandmother DOB: _____

Father's Maternal Grandparents
Grandfather: _____

Grandfather DOB: _____

Grandmother: _____

Grandmother DOB: _____

Mother's Paternal Grandparents
Grandfather: _____

Grandfather DOB: _____

Grandmother: _____

Grandmother DOB: _____

Mother's Maternal Grandparents
Grandfather: _____

Grandfather DOB: _____

Grandmother: _____

Grandmother DOB: _____



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ENROLLMENT ADULT RELINQUISHMENT FORM

Please mail original completed Relinquishment Forms

RE: OVK Enrollment Department

PO BOX 26 KXA

Kasaan, AK 99950

Follow up via email: enrollment@kasaan.org

This relinquishment of Tribal Citizenship is made freely and voluntarily with the full understanding that henceforth, I recognize after I am no longer enrolled with the Organized Village of Kasaan, it may affect the eligibility for OVK citizenship benefits, governmental services which include, but not limited to housing, education, assistance, and social services benefits. I request my relinquishment of the Organized Village of Kasaan citizenship shall become effective upon acceptance at the regularly scheduled Tribal Council regular meeting.

I, _____, residing at: _____
Print Full Name Current Address
_____, born _____, whose OVK
City State Zip Date of Birth
enrollment # is _____. My phone number is (____) ____-____. I do hereby
OVK Enrollment #
relinquish my tribal citizenship with the Organized Village of Kasaan as of today, _____. I
Date MM/DD/YYYY
understand that I will no longer be eligible for benefits entitled to OVK enrolled Tribal Citizens.

Signature of person relinquishing

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

I hereby certify that on _____, 2023, _____, personally appeared before me, the signer and subject of the above form, who signed or attested to the same in my presence, and presented identification as proof of his/her/their identity.

SUBSCRIBED AND SWORN TO

Before me this _____ day of _____, 2023.

APPLY NOTARY SEAL BELOW

Notary Public, in and for the State of _____

Residing at _____

My Commission Expires: _____

OVK ENROLLMENT STAFF

Date Received: _____ Original Form? _____ Scanned? _____ TC File Copy? _____



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ENROLLMENT REINSTATEMENT FORM

Please mail original completed Relinquishment Forms

RE: OVK Enrollment Department

PO BOX 26 KXA

Kasaan, AK 99950

Follow up via email: enrollment@kasaan.org

This request for reinstatement of Tribal Citizenship is made freely and voluntarily with the full understanding that henceforth, I recognize I am no longer enrolled with the Organized Village of Kasaan. I acknowledge and agree that if additional documentation may be required, such as proof of residency, I will provide the requested information promptly. I request that my citizenship of the Organized Village of Kasaan be reinstated and understand that reinstatement shall become effective upon acceptance at the regularly scheduled Tribal Council regular meeting.

I, _____, residing at: _____
Print Full Name Current Address
_____, born _____, whose OVK
City State Zip Date of Birth
enrollment # is _____. My phone number is (____) _____ - _____. I do hereby
OVK Enrollment #
request that my tribal citizenship with the Organized Village of Kasaan be reinstated as of today,
_____. I understand that additional documentation may be required to prove eligibility, and
Date MM/DD/YYYY
that if I do not meet eligibility criteria, I will not be granted reinstatement.

Signature of person requesting reinstatement

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

I hereby certify that on _____, 2023, _____,
personally appeared before me, the signer and subject of the above form, who signed or attested to the same in my presence, and presented identification as proof of his/her/their identity.

SUBSCRIBED AND SWORN TO

Before me this _____ day of _____, 2023.

APPLY NOTARY SEAL BELOW

Notary Public, in and for the State of _____

Residing at _____

My Commission Expires: _____

OVK ENROLLMENT STAFF

Date Received: _____ Original Form? _____ Scanned? _____ TC File Copy? _____ Date of TC Relinquishment _____



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CERTIFICATION OF ENROLLMENT

RE: OVK Enrollment Department

PO BOX 26 KXA

Kasaan, AK 99950

Follow up via email: enrollment@kasaan.org

[Date of Letter]

NOTICE: (Ex. RE: ENROLLMENT APPLICATION)

[Tribal Citizen Full Name]

[TC Mailing Address on application]

RE: [TC Name] Enrollment Application

Dear [TC],

The Organized Village of Kasaan received your enrollment application on (date). The application went before the Tribal Council at their Regularly scheduled meeting that was held on (date), was voted on, and approved with Resolution [Insert Res#]. Your OVK Enrollment number is (Enr. #, ex. OVK-00XXX).

(When we have an ID Printer)

Enclosed you will find a Tribal ID Affidavit. Please note that a printed (size) photo of yourself must included with this completed, notarized form. Tribal ID Affidavits are completed in the order they are received. Once your Tribal ID has been printed, it will be mailed return receipt accepted to the address provided.

If you have any questions or need further assistance, please email enrollment@kasaan.org.

Sincerely,

OVK Enrollment Department



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ENROLLMENT VERIFICATION

**RE: OVK Enrollment Department
PO BOX 26 KXA
Kasaan, AK 99950**

Follow up via email: enrollment@kasaan.org

ATTN: CCTHITA ICWA, Cynthia “Cindy” Mills
Mmoo'm Squiik/Naan Alz'aanaa
Child Welfare Program Specialist
Central Council of the Tlingit and Haida Indian Tribes of Alaska
P.O. Box 173 • Klawock, Alaska 99925

RE: Enrollment Verification for: [TRIBAL CITIZEN NAME]

Ms. Mills,

The Organized Village of Kasaan Enrollment Department received your request to verify enrollment status for individual [TRIBAL CITIZEN NAME] [TC DOB] on July 15, 2023.

Records indicate that _____ is an enrolled Tribal Citizen of the Organized Village of Kasaan.

If you have any questions or need further assistance, please contact Enrollment Officer (name) email at (email) or by phone at (phone #).

Sincerely,
(Name, title, signature)



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ENROLLMENT STATUS PENDING

**RE: OVK Enrollment Department
PO BOX 26 KXA
Kasaan, AK 99950**

Follow up via email: enrollment@kasaan.org

[Date of Letter]

NOTICE: (Ex. ADDITIONAL DOCUMENTATION NEEDED)

[Tribal Citizen Full Name]

[TC Mailing Address on application]

RE: [TC Name} Enrollment Application

Dear [TC],

The Organized Village of Kasaan received your enrollment application on [Date received]. You are receiving this letter because the following additional documentation is needed. [Place reason below, see example]

- Proof of residency within the customary and traditional boundary of Kasaan. (Acceptable proof of residency: rent receipts, utility bill, voter registration, etc.) Please note that documentation should display your first and last name. If you have trouble obtaining the above documentation, please let me know, and we may be able to come up with an alternative solution.

If you have any questions or need further assistance, please email enrollment@kasaan.org.

Sincerely,
OVK Enrollment Department