

**ORGANIZED VILLAGE OF KASAAN  
ENROLLMENT APPLICATION**

Name: \_\_\_\_\_ Maiden/Other Name(s): \_\_\_\_\_

Social Security No.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: (M) (F)

Place of Birth: \_\_\_\_\_ (S) (M) (D) Spouse's Name: \_\_\_\_\_

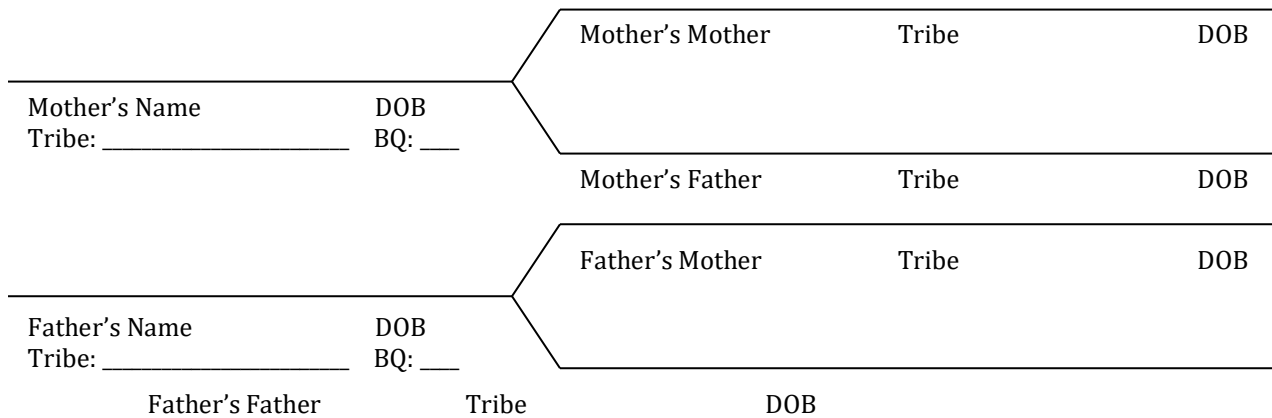
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tribe(s): \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Children	Date of Birth	Local Resident?
_____	_____	(Y) (N)
_____	_____	(Y) (N)
_____	_____	(Y) (N)

**Applicant's Family Tree:**



If Enrolled to an Alaska Native Corporation –

(Example: Sealaska)

Name of Corporation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

If Enrolled in Central Council Tlingit & Haida Indian Tribes of Alaska (CCTHITA) – Enrollment #: \_\_\_\_\_

Are you currently enrolled in a Federally Recognized Tribe other than CCTHITA? (Y) (N)  
*(If yes, you must present proof of relinquishment)*

I hereby certify that the above statements given for the purpose of enrollment with the Organized Village of Kasaan IRA are true and correct to the best of my knowledge.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BIRTH CERTIFICATE REQUIRED**

**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 provider.

**PRIVACY ACT NOTIFICATION:** All enrollments will remain confidential.