

**KETCHIKAN INDIAN COMMUNITY
2960 TONGASS, KETCHIKAN AK 99901
ENROLLMENT APPLICATION**

| |
|----------|
| _____ |
| Date |
| _____ |
| Initials |

NAME _____ MAIDEN/OTHER NAME(S) _____

DATE OF BIRTH _____ SEX (M) (F) (S) (M) (D) SPOUSE'S NAME _____
Single Married Divorced

PLACE OF BIRTH _____ LENGTH OF KETCHIKAN RESIDENCY _____

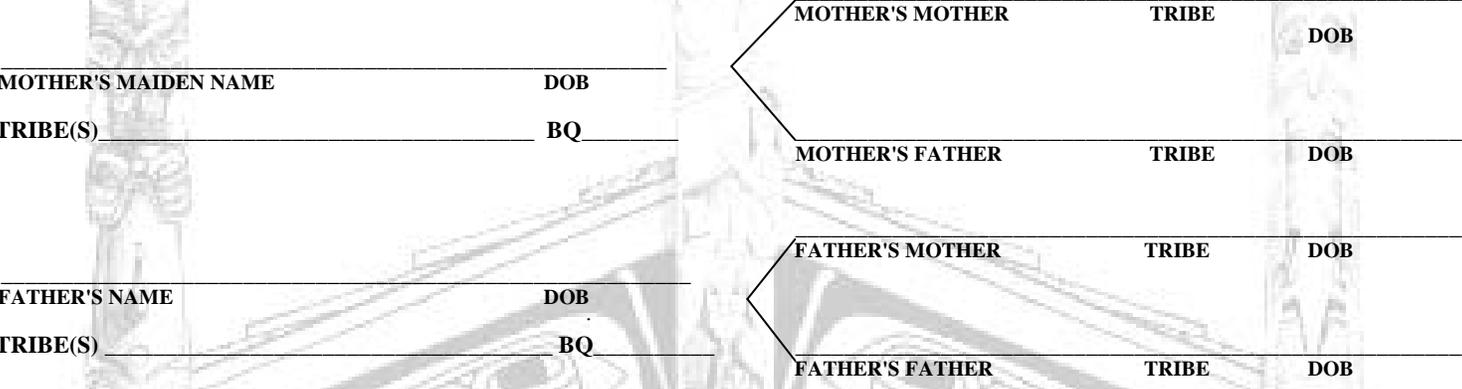
RESIDENCE ADDRESS _____ PHONE _____

MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

"TRIBE(S)" _____ BLOOD DEGREE _____

| <u>CHILDREN</u> | <u>DATE OF BIRTH</u> | <u>IS THIS CHILD ADOPTED</u> |
|-----------------|----------------------|------------------------------|
| _____ | _____ | (YES) (NO) |
| _____ | _____ | (YES) (NO) |
| _____ | _____ | (YES) (NO) |

APPLICANT'S FAMILY TREE:



REFERENCES: IF ENROLLED TO AN ALASKA NATIVE CORPORATION - (EXAMPLE: SEALASKA) LIST HERE:

NAME OF ANCSA CORP. _____ ENROLLMENT # _____
 IF ENROLLED TO A FEDERALLY RECOGNIZED TRIBE: _____ ENROLLMENT # _____

PROOF OF BLOOD DEGREE and STATE BIRTH CERTIFICATE must be ATTACHED, PROOF OF NAME CHANGE if different from Birth Certificate/Certificate of Indian Blood -Your application will NOT be processed without this information. KIC's enrollment is based on actual DEGREE OF INDIAN BLOOD.

I hereby certify under penalty of perjury, that the above statements given for the purpose of enrollment with Ketchikan Indian Corporation are true and correct, to the best of my knowledge. I voluntarily and knowingly authorize for the purposes of this application only, any Federally Recognized Tribe or federal agency records or information they may have concerning my enrollment eligibility or any other information requested to Ketchikan Indian Community and/or its agents or representatives. I voluntarily and unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

APPLICANT SIGNATURE: _____ DATE _____
 PARENT/GUARDIAN SIGNATURE: _____ DATE _____

~ ~ ALL DOCUMENTATION IS THE RESPONSIBILITY OF THE APPLICANT ~ ~