



Crow Creek Sioux Tribe

Enrollment Department

P.O. Box 547

Fort Thompson, SD 57339

605-245-2061 Fax: 605-245-2132

ccstenrollment@midstatesd.net

Enrollment Application

Applicant

Full Name: _____

Other Names Used: _____

Date of Birth: _____

Gender: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Is Applicant currently or was previously enrolled with another tribe? Y N

If yes, which tribe(s)? _____

Biological Mother

Full Legal Name: _____

Other Names Used: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Tribe Where Enrolled: _____

Enrollment Number: _____

Biological Father

Full Legal Name: _____

Other Names Used: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Tribe Where Enrolled: _____

Enrollment Number: _____

Statement:

The undersigned hereby certifies on behalf of the applicant that the foregoing information is true and correct, and that if any material or statement is false, any enrollment granted pursuant to this application shall be void and of no force or effect.

Signature of Mother, Legal Guardian, or Applicant (if 18): _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Seal

Notary Signature

Notary's Printed Name

Signature of Father (if applicant is under 18): _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Seal

Notary Signature

Notary's Printed Name