

Application for Enrollment in the
Samish Indian Nation of Washington

1. Full name of applicant: _____
(last) (first) (middle)
2. Maiden name: _____ Other names: _____
(previous married names, alias, etc.)
3. Address: _____
(street and mailing address) (county)

(city) (state) (zip) Phone: _____
(include area code)

4. Sex: _____ 5. Date of birth: _____ 6. Place of birth: _____
7. Is applicant an adopted child? Yes _____ No _____ 8. Social Security# _____

9. Is applicant enrolled in another U.S. Federally Recognized tribe? _____
If yes, name of Tribe: _____ Enrollment no. of other Tribe: _____

If question 9 was answered yes: please contact Samish Tribal Enrollment Clerk for further instructions before completing this application @ 1-877-711-8896.

10. Proof of birth must be established: Attach an applicant's original certified birth certificate. If not available, submit an official document that establishes correct date of birth, place of birth, and natural parents' names.

11. Family tree diagram on page 2 must be completed, both sides of family.

12. Application and family tree diagram must be completed in blue or black ink.

13. Please send a photo for your card, it will be returned to you.

I, _____, of lawful age, do depose and state that the above and foregoing answers to questions therein are true, to the best of my knowledge and belief.

(Applicant's signature)

(Date)

Relationship to applicant if applicant is a minor _____

ALL QUESTIONS MUST BE ANSWERED BEFORE APPLICATION WILL BE CONSIDERED

Submit this completed application to:

Samish Indian Nation

P.O. Box 217

Anacortes, WA 98221

(360) 293-6404

RECOMMENDATION OF COMMITTEE

- APPROVE
 REJECT BECAUSE

DATE _____

SIGNATURE OF COMMITTEE CHAIR

ROLL NUMBER _____

ACTION BY COUNCIL

- APPROVE
 REJECT BECAUSE

VOTE: FOR ___ AGAINST ___

SIGNATURE OF COUNCIL CHAIR

DATE OF MEETING _____