

Application for Enrollment in the  
*Samish Indian Nation of Washington*

**MUST BE DONE IN BLUE OR BLACK INK**

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)

Phone: \_\_\_\_\_  
(city) (state) (zip) (include area code)

4. Sex: \_\_\_\_\_ 5. Date of birth: \_\_\_\_\_ 6. Place of birth: \_\_\_\_\_

7. Is applicant an adopted child? Yes \_\_\_\_\_ No \_\_\_\_\_ 8. Email \_\_\_\_\_

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 @ 1-360-293-6404.**

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. 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'/ guardian'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 \_\_\_\_\_