



Coeur d'Alene Tribe Enrollment Department

850 A. Street P.O. Box 408
Plummer, Id. 83851
Phone (800) 829-2202, ext. 0800, 0193, 5303
FAX: 208-686-5323

ENROLLMENT APPLICATION:

Answer all questions on the application. Your application will be returned if it is incomplete.

REQUIRED SUPPORTING DOCUMENTS:

1. **STATE CERTIFIED BIRTH CERTIFICATE:** The applicant's birth certificate must be submitted to the Enrollment Office. An original CERTIFIED BIRTH CERTIFICATE from your local County Health District Office is the only birth certificate that will be accepted for enrollment purposes. You can secure the birth certificate at your local Health District Office or State Vital Statistics Office. (HOSPITAL BIRTH RECORDS OR STATEMENTS ARE NOT ACCEPTED FOR ENROLLMENT PURPOSES.)
2. **SOCIAL SECURITY CARD:** Faxed or mailed copies of a social security card are accepted, however, applications for a security card are not. A copy of applicant's social security card must be submitted before the application is considered complete.
3. **CERTIFICATE OF INDIAN BLOOD (CIB):** A Certificate of Indian Blood must be submitted if applicant is a transfer, or if one of the parents of the applicants is enrolled in a federally recognized tribe other than the Coeur d' Alene Tribe. This is to ensure all Indian blood is calculated towards applicant's total blood quantum.

NOTE: THE ENROLLMENT APPLICATION **WILL NOT** BE PROCESSED THROUGH THE ENROLLMENT OFFICE UNTIL **ALL** SUPPORTING DOCUMENTS ARE FULLY COMPLETED AND RECEIVED.

PATERNITY AFFIDAVIT: A complete, signed and notarized Paternity Affidavit is required for each enrollment application when, at the time of birth, the applicant's PARENTS WERE NOT LEGALLY MARRIED. It is best to have this done at the hospital so the father's name will appear on the State Certified Birth Certificate. If not, the Paternity Affidavit will be processed through the State Vital Statistics Office. If the mother chooses to not include the father, then this process is not necessary. However, only the mother's total Indian blood will be included for their child.

If a paternity affidavit is not submitted with the application, then please provide proof of paternity through court action for paternity establishment.

The cut-off dates for the Per Capita Payments are STRICTLY enforced. Public notices will be sent out in the tribal newspaper one month prior to the enrollment deadlines, which are **SEPTEMBER 30TH and MARCH 31ST** of every year. *Resolution 22(2010)

If you have any questions or need assistance, please do not hesitate to call the Enrollment Department at the numbers listed above.



COEUR D'ALENE TRIBE ENROLLMENT DEPARTMENT

P.O. Box 408 Plummer, ID 83851
Phone: (208) 686-0800 Fax: (208) 686-5323
enrollment@cdatribe-nsn.gov

APPLICATION FOR ENROLLMENT

1. Name of Applicant:		ENROLLED SIBLINGS: _____	
2. Date of Birth:		3. E-mail address:	
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Contact Person and Telephone Number:	
6. Physical Address: (Street, City, State, Zip)		7. Mailing Address, (if different from Physical Address):	
8. Social Security Number:			
9. Is Applicant an Adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please skip to item number 10.) If YES, please provide a copy of the Adoption Petition and Order and original birth certificate. If YES: Name of Biological Father and Tribal Affiliation: _____ Name of Biological Mother and Tribal Affiliation: _____			
10. Were Parents legally married at the time of Applicant's Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No If Parents are not legally married at the time of birth, has a paternity affidavit been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are both parents able to subject themselves to DNA verification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Is either parent an enrolled member of another federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Name of Biological Father:		Birthdate:	Tribal Affiliation:
Name of Biological Mother:		Birthdate:	Tribal Affiliation:
13. Is Applicant an enrolled member of another Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. If YES, name of Tribe in which Applicant is enrolled:			
ENROLLMENT USE ONLY, PLEASE DO NOT WRITE BELOW:			
Enrollment Date Received Stamp			

All applicants must submit an original of their State Certified Birth Certificate from the Vital Records Department, of the applicant's state of birth. Hospital records or billfold-size registration cards are NOT acceptable. Certified Birth Certificates are also available from your local County Health Department.

NOTE: Any person(s) who shall knowingly and willfully falsely swear or conceal a material fact or shall make a sworn statement or affidavit, knowing the same to be untrue, or shall induce or procure another person to do so, or any person who shall make any false affidavit for Tribal enrollment purposes or for other Tribal purposes shall be deemed guilty of perjury and upon conviction thereof, shall be sentenced to a period of confinement not to exceed one (1) year or ordered to pay a fine of not to exceed \$5,000.00 or both the jail sentence and fine, plus costs stated under CH.17-7.01 of the Coeur d' Alene Tribal Code. This includes, but is not limited to, actions taken under Coeur d' Alene Tribal Enrollment Code CH.39-1.06.

I, HEREBY, certify under penalty of perjury that the information supplied in this Application of Enrollment in the Coeur d' Alene Tribe is true, correct and complete to the best of my knowledge. I have read the attached requirements for Enrollment and I understand and acknowledge that if my application for enrollment in the Coeur d' Alene Tribe contains false information or if I have wrongly withheld any relevant information or under any fraudulent acts have been misrepresented, any previous or current enrollment action by the Coeur d' Alene Tribal Enrollment Administration or Coeur d' Alene Tribal Council will be considered null and void as of the date of enactment. If I have received any monetary benefits payable to members of the Tribe, including per-capita payments, resulting from false information on my Application for Enrollment, I agree to immediately repay such benefits upon request from the Enrollment Department. If I fail to immediately repay such benefits I expressly agree that the Tribe may initiate an action in the Coeur d' Alene Tribal Court to recover any payments made to me and I consent to jurisdiction in the Coeur d' Alene Tribal Court. I further agree to pay the Tribe's costs of collection, including reasonable attorney's fees.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I HEREBY authorize the Coeur d' Alene Tribal Enrollment Department to request and receive any and all documents, reports or information relating in any manner to my Enrollment with said Tribe pertaining to my Total Indian Blood Degree, Family Tree, and Enrollment Number. I further release custodians and possessors of such information from any and all liability for its disclosures to the Coeur d' Alene Tribal enrollment Office. This authority includes, but is not limited to, the inspection, copying and receipt of written and oral information. I hereby request that all persons cooperate fully in providing Total Indian Blood Degree, Family Tree, Enrollment Number, Court Orders or Tribal Resolutions pertaining to my Blood Degree or Name Changes.

*Either one of the following must be signed before this applications is considered complete.

SIGNATURE OF APPLICANT: _____ DATE: _____
 OR
 SIGNATURE OF PARENT(S) _____ DATE _____
 OR
 SIGNATURE OF LEGAL GUARDIAN: _____ DATE _____

***IF ONE PARENT IS ENROLLED WITH ANOTHER TRIBE HIS/HER CERTIFICATION OF INDIAN BLOOD AND FAMILY ANCESTRY CHART MUST BE ATTACHED TO THIS FORM, TO COMPILE AND VERIFY THE APPLICANT'S TOTAL INDIAN BLOOD QUANTUM.**

REMARKS / COMMENTS:

THE FOLLOWING ACTION MUST BE NOTARIZED, UNLESS YOU PERSONALLY BRING APPLICATION IN AND SIGN IN FRONT OF ENROLLMENT OFFICER.

State of _____)
 _____)
 County of _____)ss:
 _____)
 The undersigned, upon oath, deposes and says: That I am the Legal Parent/Guardian of the above named child. I have read this application and certify that the information provided is true and accurate.
 DATE THIS _____ DAY OF _____, _____.

APPLICANT/PARENT/GUARDIAN NOTARIZED SIGNATURE
 SUBSCRIBED & SWORN TO BEFORE ME IN MY PRESENCE,
 THIS _____ DAY OF _____, _____ BY A PERSON KNOWN TO ME
 TO BE _____
 NOTARY PUBLIC IN AND FOR THE STATE OF _____
 NOTARY PUBLIC
 signature: _____
 RESIDING IN _____
 MY COMMISSION EXPIRES: _____/_____/_____