



Application for Oglala Sioux Tribal Enrollment
Oglala Sioux Tribe Department of Enrollment
POB 2070 Pine Ridge, SD 57770
Phone(605) 867-1321 Fax(605) 867-2901

The Constitution of the Oglala Sioux Tribe requires that at least one of the two parents of a child be an enrolled member of the Oglala Sioux Tribe

Document's Required for Enrollment with Oglala Sioux Tribe:

(Must be completed and notarized by applicant over 18 or Parent/legal Guardian)

Faxed applications will not be accepted

Burden of Proof: The burden of proving eligibility for Enrollment with the Oglala Sioux Tribe shall be upon the applicant.

Please send only required documents as listed below:

Applicant's state certified birth certificate with state seal and parent's full names.
Marriage Certificate *(if married before date of birth of applicant)*
Paternity Affidavit *(if not married or married after date of birth of applicant)*
DNA Results and Court Order *(where applicable)*
(Marriage, Paternity and/or DNA are used as a supporting document to show paternity for children, as well as to update the Parent's records.)
Attached Family Tree filled out *(attached form must be filled out, separate family tree is required for each applicant)*
Guardianship or Custody order if enrolling a child who is not your own

If one parent is enrolled with a Tribe other than Oglala Sioux Tribe:

Parent's certificate of Indian Blood from their Tribe
Relinquishment of Rights form stating you want your child enrolled with Oglala Sioux Tribe, not with the other parent's Tribe. *(This form is provided by the Enrollment office and must be signed and notarized by each parent.)*

If applicant was adopted:

Original state certified birth certificate with biological parent(s) information *(at least one biological parent must be an enrolled member of the Tribe, cannot use adopted parent's information for enrollment. Birth certificate must have state seal).*
Adoption Order
Amended state certified birth certificate with adopted parent(s) information and state seal

Acknowledgement

I certify that all required documents and information is complete and enclosed.

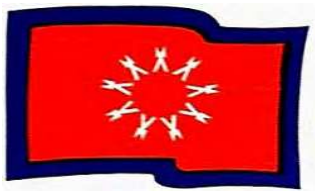
Applicant/Parent or Legal Guardian

Date: _____

Print Name

Phone# _____ email _____

Important: All applications must be complete with required documents attached. If incomplete or missing documentation your application will be returned until completed.



Oglala Sioux Tribe Membership Application

POB 2070 Pine Ridge, SD 57770
Phone (605) 867-1321 Fax (605) 867-2901

Pursuant to Ordinance 10-26 of the Oglala Sioux Tribe, adopted by the Oglala Sioux Tribal Council on August 17, 2010 An application is Hereby submitted for Enrollment with the Oglala Sioux Tribe of the Pine Ridge Indian Reservation, for the following Person:

Applicant Information

Name: _____ DOB: _____
Address of Applicant: _____ Phone # : _____
Is applicant now or has applicant ever been enrolled with another Tribe? Yes _____ or No _____
If yes, with which Tribe? _____
Voting District: _____ Degree of Indian Blood: _____

Parental History

Natural Father:

Name: _____
Date of Birth: _____
Place of Birth: _____
Tribe: _____
Enrollment Number: _____
Current Address and Phone Number: _____

Natural Mother:

Name: _____
Date of Birth: _____
Place of Birth: _____
Tribe: _____
Enrollment Number: _____
Current Address and Phone Number: _____

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

Subscribed and sworn before me this _____
Day of _____,
My commission expires: _____

Applicant or Parent/ Guardian of Minor

Notary Public

S-E-A-L

(For Enrollment Office Use Only)

Date of Approval: _____ Enrollment Number: _____

Comments: _____