

Northern Cheyenne
Application
For
Enrollment



NORTHERN CHEYENNE ENROLLMENT

IN THE PROCESS OF REVIEWING THE APPLICATION(S)
FOR MEMBERSHIP INTO THE NORTHERN CHEYENNE TRIBE
THE INFORMATION MUST BE FURNISHED TO THIS OFFICE:

CERTIFIED BIRTH CERTIFICATE

With the parent(s) listed. Informational copies, photo copies, any birth certificate without the parents listed are **NOT** used.

MARRIAGE CERTIFICATE

Must be furnished by Ordinance No 4(85) Section 12. A birth Certificate showing the name of a person as the Father cannot be the only support of paternity.

UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT

must be furnished to establish the fact.

APPLICANT'S MOTHER/FATHER ENROLLED IN ANOTHER TRIBE

A written verification of Blood Degree and CDIB from the Tribe where he/she is enrolled must be furnished and a written letter stating applicant is not enrolled nor has a pending application with said Tribe.

REMEMBER:

GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE
NORTHERN CHEYENNE TRIBE IS THE RESPONSIBILITY OF
THE PARENTS OR LEGAL GUARDIAN BY ORDINANCE.



NORTHERN CHEYENNE TRIBE

P.O. Box 128, 600 Cheyenne Ave, Lame Deer, MT 59043

APPLICATION FOR ENROLLMENT IN THE NORTHERN CHEYENNE TRIBE

NAME OF APPLICANT: _____

Last

First

Middle

ADDRESS OF APPLICANT: _____

Street or Box

City

ST

Zip Code

SEX: _____ DATE OF BIRTH: _____ PHONE: _____

YOU MUST SUBMIT TO THIS OFFICE A CERTIFIED BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MUST SHOW THE NAMES OF THE NATURAL PARENTS.

PLACE OF BIRTH: _____

CITY

COUNTY

STATE

FATHER'S NAME: _____

MOTHER'S NAME: _____

A COPY OF THE MARRIAGE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION. IN CASES OF UNMARRIED PARENTS, IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR ENROLLMENT WITH THE BENEFIT OF THE FATHER'S DEGREE OF INDIAN BLOOD, YOU MUST SUBMIT TO THIS OFFICE A NOTARIZED AFFIDAVIT ESTABLISHING PATERNITY. A MARRIAGE CERTIFICATE AND/OR NOTARIZED AFFIDAVIT WILL BE THE DOCUMENTS USED TO ESTABLISH PATERNITY.

IS THE APPLICANT PRESENTLY ENROLLED WITH ANOTHER TRIBE? _____ YES, _____ NO. IF YES YOU MUST SUBMIT TO THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE ALONG WITH A RELINQUISHMENT FORM.

ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? _____ YES, _____ NO
IF YES, YOU MUST FURNISH THIS OFFICE A WRITTEN VERIFICATION OF BLOOD DEGREE. WRITTEN VERIFICATION OF NONENROLLMENT OF APPLICANT FROM PARENT'S TRIBE

COMPLETE THE FAMILY ANCESTRY CHART ON THE NEXT PAGE, TO THE BEST OF YOUR KNOWLEGDE AND ABILITY.

ALL DOCUMENTS SUBMITTED BECOME THE SOLE PROPERTY OF THE NORTHERN CHEYENNE TRIBE AND WILL NOT BE REPRODUCED OTHER THAN FOR THE USE OF THE NORTHERN CHEYENNE TRIBE. THE ORIGINAL DOCUMENTS WILL BE CERTIFIED AND RETURNED BY THE ENROLLMENT CLERK. THE CERTIFIED COPY WILL NOT BE RELEASED FOR ANY OTHER USE UNLESS A WRITTEN FORM IS SIGNED BY THE APPLICANT, IN ACCORDANCE WITH THE PRIVACY ACT, 5 USC 522a(l)(1)

THE APPLICANT VERIFIES THAT THE REQUIRED DOCUMENTS ARE TRUE AND CORRECT, ANY INFORMATION FRAUDULENTLY SUBMITTED WILL JEOPARDIZE THE ENROLLMENT PROCESS AND MAY BE USED FOR REMOVAL OF THE APPLICANT FROM THE MEMBERSHIP ROLL.

DATE: _____ SIGNATURE _____
SIGNATURE OF PARENT / APPLICANT

PLEASE DO NOT WRITE IN SPACE BELOW- FOR OFFICE USE ONLY

NAME AND ID NUMBER	N.CHEYENNE	TOTAL INDIAN BLOOD
FATHER: _____	_____	_____
ID NUMBER: _____		
MOTHER: _____	_____	_____
ID NUMBER: _____		
	CHILD: _____	_____

NORTHERN CHEYENNE FAMILY ANCESTRY CHART



APPLICANT
NC BLOOD: _____
TOTAL: _____

FATHER
NC BLOOD: _____
TOTAL: _____

MOTHER
NC BLOOD: _____
TOTAL: _____

GRANDFATHER
NC BLOOD: _____
TOTAL: _____

GRANDMOTHER
NC BLOOD: _____
TOTAL: _____

GRANDFATHER
NC BLOOD: _____
TOTAL: _____

GRANDMOTHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDFATHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDMOTHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDFATHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDMOTHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDFATHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDMOTHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDFATHER
NC BLOOD: _____
TOTAL: _____

GREATGRANDMOTHER
NC BLOOD: _____
TOTAL: _____



**MONTANA DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES
VITAL RECORDS & STATISTICS BUREAU
PO BOX 4210
HELENA, MT 59604-4210**

**PATERNITY
ACKNOWLEDGMENT**

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))	MOTHER'S DATE OF BIRTH	
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign** this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. **If you wish to withdraw this Acknowledgement, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.**

PLEASE PRINT/SIGN HARD USING A BALL POINT PEN

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature _____
 Address _____
 City, State, Zip _____
 State of _____
 County of _____
 On this _____ day of _____

_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.

 Notary Public

 Residing at

 My commission expires

(Seal)

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Father's Signature _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 State of _____
 County of _____
 On this _____ day of _____

_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.

 Notary Public

 Residing at

 My commission expires

(Seal)

**STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL STATISTICS**

NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

State of _____)

:SS.

County of _____)

I, _____, signed an acknowledgment of paternity
(Your name)
for _____ on _____
(Child's name) (Date)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within **60 days** of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Date

Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public for the State of Montana, on the date written above.

(SEAL)

Notary Public
Printed Name: _____
Residing at: _____
My Commission Expires: _____

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document:

IN PERSON:
DPHHS
Office of Vital Statistics
111 Sanders St., Rm 6
Helena, MT 59620

BY MAIL:
DPHHS
Office of Vital Statistics
PO Box 4210
Helena, MT 59604-4210

APPLICATION CHECK LIST

(MUST BE COMPLETED BY PARENTS OR LEGAL GUARDIANS)

CHECK LIST

____ Mother (enrolled) ____ Father (enrolled) ____ Descendant

____ Application is signed and dated by parent/legal guardian and documents in front of a notary. Required are included. (Copies and faxes are not acceptable)

____ Applicants Original Birth Certificate is enclosed. (Copies and faxes are not acceptable)

____ Marriage Certificate or Paternity Statement if the Father is included. (Father's side is required)

____ Certificate of Indian Blood of parent enrolled in another Tribe, letter stating that applicant is not enrolled nor has a pending application with other Tribe

____ Applicants family tree is completed.

____ Permanent court orders **only**. Temporary court orders will not be Considered. (Copies and faxes are not acceptable)

____ Descendant applications need to provide Certified Birth Certificates for Each generation going back to the enrolled Northern Cheyenne Tribal member. (Copies and faxes are not acceptable)

NOTARIZED ACKNOWLEDGEMENT

I verify that all required documents are enclosed and completed. I understand that all incomplete applications will not be processed.

Parent or Legal Guardian

Date: _____

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF _____ 2016

NOTARY FOR THE STATE OF MONTANA
RESIDING IN: _____
MY COMMISSION EXPIRES: _____

