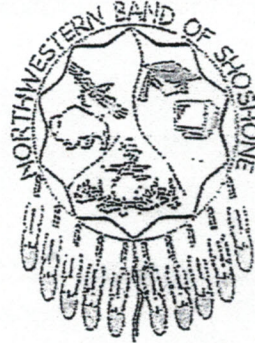


NORTHWESTERN BAND of the SHOSHONE NATION
ENROLLMENT DEPARTMENT
707 North Main Street Brigham City, Utah 84302
(435) 734-2286 Ext. 23 Fax: (435) 734-0424



APPLICATION FOR ENROLLMENT

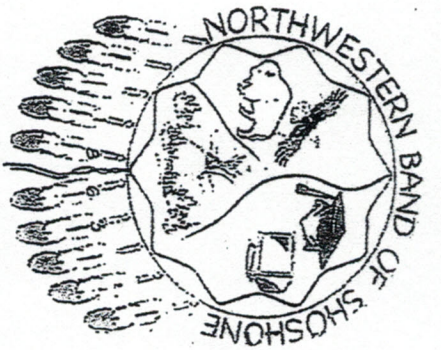
DATE _____

1. Name _____ Sex _____
Last First Middle
2. Current Address _____
Street City County State Zip Code
Phone _____ Fax _____
3. Social Security Number _____ Date of Birth _____
(Original Certified State Birth Certificate-Required/Copy of Social Security Card-Required)
4. Place of Birth _____
City County State Zip Code
5. Parents _____
Father Enrollment # Mother Enrollment #
6. Name Ancestor on Base Roll _____
(Parent, Grandparent, Etc.) Enrollment #
7. Previously Enrolled Tribe, if any _____
Date of Relinquishment _____
(Attach Relinquishment Letter From Previously Enrolled Tribe - REQUIRED)
8. Person Making Request _____ (Parent or Legal Guardian)
9. Signature _____
Current Mailing Address _____
Phone _____ Fax _____

ENROLLMENT COMMITTEE RECOMMENDATION

Approved _____ Date _____
Denied _____ Date _____
Initials _____

(Revision 21 August 2008)



Northwestern Band of the Shoshone Nation

Pedigree Chart

(COMPLETELY FILL OUT PEDIGREE CHART)

Name _____		DOB _____		Blood _____	
Father		Mother			
DOB _____		DOB _____			
Blood _____		Blood _____			
Enroll # _____		Enroll # _____			
Grand Father		Grand Mother			
DOB _____		DOB _____			
Blood _____		Blood _____			
Enroll # _____		Enroll # _____			
Great Grandfather		Great Grandmother			
DOB _____		DOB _____			
Blood _____		Blood _____			
Enroll # _____		Enroll # _____			
Great Grandfather		Great Grandmother			
DOB _____		DOB _____			
Blood _____		Blood _____			
Enroll # _____		Enroll # _____			
Great Grandfather		Great Grandmother			
DOB _____		DOB _____			
Blood _____		Blood _____			
Enroll # _____		Enroll # _____			

Please attach birth certificate to this page