

APPLICATION FOR HOPI MEMBERSHIP

Information on Applicant

APPLICANT'S NAME:

First: _____ Middle: _____ Last: _____ (Maiden) _____

Also Known As: I. _____ II. _____

Mailing Address: _____

Telephone #: Home: () _____ Box or Street _____ City _____ State _____ Zip _____
Cell: () _____ Email: _____

Date of Birth: _____ SS# _____ Birth Place: _____
City _____ State _____ Zip Code _____

Sex: M / F If the Applicant is a minor child who has custody of the child? _____

If the minor child is a ward of the court, list the name of the court and case no. _____

Name and Address of the legal custodian: _____

Is Applicant enrolled or pending enrollment with another Tribe? Yes No If Yes, list Tribe(s)/ Blood degree for each Tribe:

What is the Applicant's degree of Hopi blood? _____ What is the Applicant's clan? _____

Hopi Village Affiliation where Applicant desires to be registered: :

NOTE: VILLAGE AFFILIATION INFORMATION IS GATHERED FOR TRIBAL ENROLLMENT PURPOSES ONLY AND DOES NOT ESTABLISH THE APPLICANT'S VILLAGE MEMBERSHIP. PURSUANT TO THE HOPI TRIBE'S CONSTITUTION, ARTICLE II, SECTION 4: "VILLAGE MEMBERSHIP SHALL BE DETERMINED BY THE INDIVIDUAL HOPI VILLAGES."

Information on Applicant's Natural Parents

Natural Mother's Name:

First _____ Middle: _____ Last: _____ Maiden: _____

List other names known by: _____

Enrolled in Hopi Tribe?: Yes No Degree of Hopi Blood: _____ Enrollment # _____

Village where registered: _____ Mother's Clan: _____

If not enrolled in the Hopi Tribe, list Tribe(s) and Blood degree: _____

If Mother is non-Native indicate nationality: _____

Natural Father's Name:

First _____ Middle: _____ Last: _____ Maiden: _____

List other names known by: _____

Enrolled in Hopi Tribe?: Yes No Degree of Hopi Blood: _____ Enrollment # _____

Village where registered: _____ Mother's Clan: _____

If not enrolled in the Hopi Tribe, list Tribe(s) and Blood degree: _____

If Father is non-Native indicate nationality: _____

Information on Adoptive Parents – Required IF adopted

**COMPLETED AND SIGNED APPLICATIONS MUST BE MAILED TO:
HOPI TRIBE ENROLLMENT OFFICE P.O. BOX 123, KYKOTSMOVI, AZ 86039**

Adoptive Mother's Name: _____
First Middle Last (Maiden)

Hopi Village Affiliation/Other: _____ Clan: _____

Adoptive Father's Name: _____
First Middle Last

Hopi Village Affiliation/Other: _____ Clan: _____

Information on APPLICANT'S Natural Grandparents

Maternal Grandparents (birth mother's side)	Paternal Grandparents (birth father's side)
Mother: _____ First Middle Last Maiden	Mother: _____ First Middle Last Maiden
Clan: _____ Enrollment # _____	Clan: _____ Enrollment # _____
Village/Other: _____ Degree Hopi Blood _____ -----	Village/Other: _____ Degree Hopi Blood _____ -----
Father: _____ First Middle Last	Father: _____ First Middle Last
Clan: _____ Enrollment # _____	Clan: _____ Enrollment # _____
Village/Other: _____ Degree Hopi Blood _____	Village/Other: _____ Degree Hopi Blood _____

CONFIDENTIALITY STATEMENT

The Hopi Enrollment Ordinance No. 33 authorizes collecting this information into the Hopi Tribe. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of membership. These records and right to membership may be questioned anytime. These records are confidential and are not disclosed except in compliance with standards adopted by the Hopi Tribe. I understand that certain information may be disclosed to verify enrollment eligibility. I understand that my name and enrollment number will be sent to the village(s) I claim affiliation with for record keeping and/or information purposes after my Hopi membership is finalized by the Hopi Tribal Council.

"I, _____, Certify the above information provided is true and correct to the best of my knowledge."

Signature of Applicant or Parent/Guardian of Minor Child

Date

If the child is a ward of the Court, a social services representative must print, sign and date the Application:

Print Name

Date

Signature

Title

AN ORIGINAL BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST ACCOMPANY THIS APPLICATION - COPIES WILL NOT BE ACCEPTED. THE APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE. DO NOT FAX OR EMAIL THE APPLICATION.

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