Dear Applicant:

Tribal enrollment or membership with the Pueblo of Acoma is based on an application process. To apply for tribal enrollment/membership complete and sign the attached application. Return or mail the application and the required documents to the Acoma Tribal Enrollment Department.

The following documents MUST be submitted with the application:

- State Birth Certificate of the applicant
- State Birth Certificate for the parent(s) of the applicant
- State Acknowledgement of Paternity signed by the Biological Father or Court Order for the Establishment of Paternity
- Marriage License and Marriage Certificate for the parents of the applicant
- Social Security Cards for the applicant and parent(s) of the applicant
- Certificate of Indian Blood for the parent enrolled with a tribe other than the Pueblo of Acoma
- State Birth/Death Certificate for Acoma Parents/Grandparents (If applicable)
- Court Adoption Documents (If applicable)

In submitting the requested documents, submit the ORIGINAL certificates. If copies are submitted, the copies MUST be notarized. Copies received without proper notarization will not be accepted and will be returned.

Please note:

- The original certificates will be photocopied and will be returned.
- The notarized copies will be retained for the enrollment files.
- Failure to complete each section of the application and failure to provide the required documents will delay the enrollment process.

When the enrollment process is complete, the Acoma Tribal Enrollment Department will mail a Tribal Certificate of Indian Blood or written notice of ineligibility to the applicant or parents of the applicant.

If you have any questions contact the Acoma Tribal Enrollment Department.

Thank You.
SECTION I Applicant Information

Legal Name: ______________________________________________________________________________

First                                     Middle                                           Last

Date of Birth:    _________________________________            SS# _______________                 Gender:  M    F

Place of Birth:   _________________________________      Hospital: _______________________________
                      City                      State

Does applicant reside on or off the Acoma Reservation?             ___On              ___Off

Physical Address:          _______________________________________________________________

_____________________________________________________________
                      Village                          City or Pueblo                           State

Clan Information: (Big)  ______________________________  (Little) __________________________
                      Mother’s Clan                                                Father’s Clan

Is the applicant adopted?    ____ Yes       ____ No        If yes, provide copies of court adoption documents.

SECTION II Maternal Information

Legal Name: ________________________________________________________________________________

First                              Middle                          (Maiden)                        Last

Date of Birth:    ________________________________                    SS#: ________________________

Physical Address:          _____________________________________________________________

_____________________________________________________________
                      Village                          City or Pueblo                           State

Clan Information: (Big)  ______________________________  (Little) _______________________________
                      Mother’s Clan                                                Father’s Clan

Is mother of the applicant an enrolled member of the Pueblo of Acoma?               ___Yes ____No

If no, is mother of applicant enrolled with a Federally Recognized Tribe/Pueblo?   ___Yes ____No

If yes, indicate the Tribe/Pueblo and provide a Certificate of Indian Blood.

    Name of Tribe or Pueblo:    ________________________________

    Enrollment or Census No.:    ________________________________
SECTION III
Paternal Information

Legal Name: _______________________________________________________________________
First            Middle            Last
Date of Birth: ___________________________________________________________________
SS#: _______________________________________________________________________
Physical Address: _________________________________________________________________
Village          City or Pueblo          State
______________________________________________________________
Clan Information: (Big) _____________________________   Little)__________________________
Mother’s Clan                                          Father’s Clan
Is father of the applicant an enrolled member of the Pueblo of Acoma? ___Yes ____No
If no, is father of applicant enrolled with a Federally Recognized Tribe/Pueblo? ___Yes ____No
If yes, indicate the Tribe/Pueblo and provide a Certificate of Indian Blood.
    Name of Tribe or Pueblo: ____________________________________________
    Enrollment or Census No.: _______________________________________

SECTION IV
General Information

On the applicant’s date of birth were the parents Legally married? ___Yes ____No
If yes, provide a copy the parent’s Marriage License and Marriage Certificate.
If no, is the father of the applicant identified on the State Birth Certificate ? ___Yes ____No
If yes, provide the Acknowledgement of Paternity form signed by the natural/biological father.

Current Mailing Address of Applicant: _______________________________________________
Current Phone No. for applicant or parents: ___________________________________________

SECTION V
Certification and Signature

I, Certify that the information provided on this application, Is true to the best of my knowledge.

Signature of Applicant: ____________________________ Date: _________
(If age 18 or older)
Signature of Mother: ____________________________ Date: _________
Signature of Father: ____________________________ Date: _________
TRIBAL ENROLLMENT APPLICATION
Parent Consent and Authorization Form

**********************************************************************************************
Complete this section if the applicant is 17 years of age or younger.
**********************************************************************************************
Note: If both parents are listed and identified on the State Birth Certificate, both parents must consent in writing to the enrollment of the child with the Pueblo of Acoma.

I/We, ____________________________, and ______________________, the parents of ____________________________, do consent and agree to have our child enrolled with the Pueblo of Acoma.

Mother’s Signature: ____________________________ Date: _________________
Father’s Signature: ____________________________ Date: _________________

If a parent’s signature is absent above but their name appears on the birth certificate, provide a reason why their signature or consent is not provided.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**********************************************************************************************
Complete this section if one or both parents of the applicant is enrolled with or affiliated with a Tribe or Pueblo other than the Pueblo of Acoma.
**********************************************************************************************

I/We, ____________________________ and ______________________ understand that in order to prevent dual enrollment, part of the enrollment process will include a Tribal Enrollment Verification. The Enrollment Verification will be conducted with the tribe or pueblo where I/we am/are affiliated or enrolled.

In order to conduct and complete the enrollment process, I authorize the Tribe or Pueblo where I am enrolled to release my Certificate Degree of Indian of Blood (CDIB or CIB) to the Pueblo of Acoma Tribal Enrollment Department.

It is understood that the CDIB or CIB will be used for the purpose of enrolling my child and will be used to determine my child’s total degree of Indian Blood and Tribal Affiliation.

Mother’s Signature: ____________________________ Date: _________________
Father’s Signature: ____________________________ Date: _________________
Family Tree Chart

For research purposes this chart must be completed. (Provide as much information as possible.)

Applicant’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation(s)

Mother’s Maiden Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation(s)

Father’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation(s)

Grandmother’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Grandfather’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Grandmother’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Grandfather’s Name
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandmother
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandfather
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandmother
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandfather
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandmother
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Great Grandfather
Date of Birth
Degree of Indian Blood
Tribal Affiliation

Grt-Grt Grdm
Grt-Grt Grdf
Grt-Grt Grdm
Grt-Grt Grdf
Grt-Grt Grdm
Grt-Grt Grdf
Grt-Grt Grdm
Grt-Grt Grdf