



Flandreau Santee Sioux Tribe

P.O. Box 283 Flandreau, SD 57028 Ph. (605) 997-3891
Fax (605) 997-3878

Application No: _____
Date Received: _____

Application for Enrollment

Name of Applicant: _____

Male/Female: _____ Last Middle First
DOB: _____ SSN: _____

Place of Birth: _____ Degree of Indian Blood: _____

Present Address: _____ Parents Address at Time of Birth: _____

Have You Ever Enrolled in a Federally Recognized Tribe: _____ If Yes, Where: _____
Y/N

PLEASE ATTACH STATE CERTIFIED BIRTH CERTIFICATE (NO COPIES)
DNA ANALYSIS REQUIRED AND \$200.00 FILING FEE

Name & Relationship of Ancestor You May Be Related to Whose Name is on the June 30th, 1934 Census of the Flandreau Santee Sioux Tribe: _____

Father's Name: _____ DOB: _____
Degree of Indian Blood: _____ SSN: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Paternal Grandfather: _____ DOB: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Paternal Grandmother: _____ DOB: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Mother's Name: _____ DOB: _____
Degree of Indian Blood: _____ SSN: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Maternal Grandfather: _____ DOB: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Maternal Grandmother: _____ DOB: _____
Enrolled With Another Tribe: _____ If Yes, Name & Address of Tribe: _____
Y/N

Name of Person Filling Enrollment Application on Behalf of a Minor, Non Competent Person, or
Member of the Armed Forces: _____

First

Middle

Last

Relationship to Applicant: _____ Contact Number: _____

Current Address: _____

ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE; I UNDERSTAND ANY FALSE INFORMATION MAY RESULT IN THE
APPLICANT BEING REJECTED FOR ENROLLMENT.

Signature: _____ Date: _____

Please Note: According to **Title 11 Enrollment Ordinance, Section 11-1-5; Confidentiality**: Original records related to individual enrollment or membership shall not be removed from the official enrollment records in the Tribal Office, Copies may be made only with prior written approval of the Executive Committee and the Enrollment Office.