CROW CREEK SIOUX TRIBE

Enrollment Department

P.O. BOX 547 — FORT THOMPSON, SOUTH DAKOTA 57339
EMAIL: ccstenrollment@midstatesd.net

ENROLLMENT APPLICATION

APPLICANT INFORMATION: _____ DATE

FULL NAME:_____

DATE OF BIRTH:_____ GENDER:_____ PHONE:_____

PHYSICAL & MAILING ADDRESS: _____

EMAIL ADDRESS:_____ SOCIAL SECURITY :_____

TRIBAL ENROLLMENT STATUS:

Is the applicant currently enrolled with another tribe? ☐ YES ☐ NO

If yes, which Tribe(s)? _____

BIOLOGICAL MOTHER INFORMATION:

FULL LEGAL NAME:_____

PHYSICAL & MAILING ADDRESS: _____ DATE OF BIRTH:_____

EMAIL ADDRESS:_____ PHONE:_____

TRIBE ENROLLED WITH? (If applicable):_____

BIOLOGICAL FATHER INFORMATION:

FULL LEGAL NAME:_____

PHYSICAL & MAILING ADDRESS: _____ DATE OF BIRTH:_____

EMAIL ADDRESS:_____ PHONE:_____

TRIBE ENROLLED WITH? (If applicable):_____

CERTIFICATION

I certify that the above information provided on this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____
OR PARENTS OR LEGAL GUARDIAN