



CROW CREEK SIOUX TRIBE

ENROLLMENT DEPARTMENT

P.O. BOX 547

FORT THOMPSON, S.D. 57339

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EMAIL: ccstenrollment@midstatesd.net

ENROLLMENT APPLICATION

APPLICANT INFORMATION:

Full Name: _____

Date Of Birth: _____ Gender: _____ Phone: _____

Physical & Mailing Address: _____

Email Address: _____ Social Security No. _____

TRIBAL ENROLLMENT:

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 No. _____

Tribe enrolled with (If applicable): _____

BIOLOGICAL FATHER INFORMATION:

Full Legal Name: _____

Physical & Mailing Address: _____ Date of Birth: _____

Email Address: _____ Phone No. _____

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: _____ Date Signed: _____
Or Parents/ Legal Guardian

Revised (04-08-2026)