



CROW CREEK SIOUX TRIBE

ENROLLMENT DEPARTMENT

P.O. BOX 547

FORT THOMPSON, S.D. 57339

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EMAIL: ccstenrollment@midstatesd.net

REQUEST FOR CHANGE ON THE CROW CREEK SIOUX TRIBAL ROLLS

In order for your change application to be considered by the Enrollment Committee and approved by the Crow Creek Sioux Tribal Council, the following must be completed. Fill in the type of change that you are requesting.

Applicant: _____ D.O.B. _____

Applicant's original name on Tribal Rolls: _____

1. Correction of Date of Birth: From: _____ To: _____

2. Change of Name: From: _____ To: _____

3. Change in Blood Quantum: From: _____ To: _____

4. Other: _____

Signature: _____ Date: _____

Notary: _____

Mailing & Physical Address: _____

City – State – Zip Code: _____

*** NOTE ***

The following documents must be attached: DNA, Birth Certificate, Marriage Certificate, Court Order and/or Paternity Affidavit.

DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

CC ID No: 342-U- _____ D.O.B: _____

Change: From: _____ To: _____

Degree of Indian Blood: _____ To: _____

Supplement No: _____ Date Accepted: _____