



Ysleta del Sur Pueblo – TRIBAL RECORDS OFFICE

9241 Socorro Rd. P.O. Box 17579 El Paso, Texas 79917 Ph (915) 860-7449 Fax (915) 860-2964 Web: ysletadelsurpueblo.org

APPLICATION FOR ENROLLMENT

SECTION A: APPLICANTS CONTACT INFORMATION:

1. Applicant Name:	
2. Indian Name, Maiden Name, Nickname or Other:	
3. Physical Address (Street, City, State, Zip Code):	
4. Mailing Address (If different Street/PO Box, City State, Zip Code):	
5. DOB (mm/dd/yyyy):	6. SSN:
7. Cell Ph. No.:	8. Alternate Ph. No.:
9. E-Mail Address:	

SECTION B: APPLICANTS ENROLLMENT INFORMATION

Check all that apply:

☐ I am a minor child
☐ I am enrolling a relative

☐ I am enrolling myself
☐ Other _____

ENROLLED FAMILY MEMBERS: Please list the name's and enrollment #'s of a lineal descendant that is listed on the Ysleta del Sur Pueblo Base roll which you are seeking eligibility for enrollment:

Full Name	Birthdate	Relationship	Enrollment #
1. _____			
2. _____			
3. _____			

Are you a BIOLOGICAL direct descendent of a member enrolled with the Ysleta del Sur Pueblo?: Yes ___ No _____

Are you adopted?: Yes ___ No _____

Degree of Indian Blood Claimed: Ysleta del Sur Pueblo _____ Blood Quantum _____
Other Tribe _____ Blood Quantum _____

Are you enrolled with another Tribe? Yes _____ No _____

If yes, what Tribe? _____

ADULT CONSENT AGREEMENT

If eligible, I hereby affirm that I agree to become a member of the Ysleta del Sur Pueblo, as well as with all of the rights and privileges entitled as a tribal member(s). I affirm that I am not enrolled with any other tribe. I understand that any falsification of the Ysleta del Sur Pueblo application may result in rejection or revocation of tribal membership with the Ysleta del Sur Pueblo.

Signature

Date

FOR OFFICE USE ONLY

APPLICANT ACCEPTED: _____ APPLICANT DENIED: _____
PENDING ADDITIONAL INFORMATION _____

COMMENTS: _____

ROLL NUMBER _____ DATE ROLL NUMBER ISSUED _____

TRIBAL RECORDS SIGNATURE: _____ DATE: _____