



Ysleta del Sur Pueblo

TRIBAL RECORDS OFFICE

119 South Old Pueblo Road P.O. Box 17579 El Paso, Texas 79917 (915) 859-7913 Fax: (915) 859-2988

APPLICATION FOR ENROLLMENT

SECTION A: APPLICANTS CONTACT INFORMATION:

1. Applicant Name (Last, First, Middle)

2. Indian Name, Maiden Name, Nickname or other:

3. Physical Address (Street, Cit, State, Zip Code)

4. Mailing Address (If different Street/PO Box, City State, Zip Code)

5. Date of Birth (mm/dd/yyyy)

Social Security Number

6. Telephone Number

7. Telephone Number (Alternate)

8. E-Mail Address

SECTION B: APPLICANTS ENROLLMENT INFORMATION

Check all that apply:

Applicant is adopted

I am enrolling myself

I am enrolling minor children and myself

I am an enrolled parent enrolling a minor child

Male _____ Female _____ Head of Household? Yes _____ No _____

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 #
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1. _____

2. _____

3. _____

Are you a direct descendent of a member enrolled with the Ysleta Del Sur Pueblo?:

Yes:___No___

Degree of Indian Blood Claimed: Ysleta Del Sur Pueblo Blood Quantum_____

Are you enrolled with another Tribe? Yes___No___

If yes, what Tribe?_____

Other Tribe_____Blood Quantum_____

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: _____