

Tribal Enrollment, Indian Descendant, and Indian Household Verification Form

This form is for a client who does not have a tribal enrollment or Bureau of Indian Affairs card

The Access to American Indian Recovery (AAIR) program is requesting tribal enrollment, Indian descent, or Indian household verification from the tribe for the person named below. Please send a copy of the tribal enrollment verification to AAIR or complete this form as verification.

Name of Applicant

Date of Birth

Tribe, Rancheria, Village, Band

Tribal Enrollment Number

The above named person is:

- Enrolled (Please provide the tribal enrollment number above)
- Eligible for tribal enrollment
- A descendent of an enrolled tribal member
- A non-Indian minor under the legal custody of an enrolled tribal member or under the legal custody of a descendent of an enrolled tribal member
- Not enrolled, eligible for enrollment, or a descendent of an enrolled tribal member

I declare under the penalty of perjury that the statements on this application are correct to the best of my knowledge. I am authorized to sign this verification.

Signature, Authorized Tribal Representative

Date

Print Name, Authorized Tribal Representative

Title

Telephone Number (Including Area Code)

Address (Street, City, and ZIP Code)