



**Crow Creek Sioux Tribe** (Revised 10/2023)

**Tribal Enrollment**

P.O. Box 547

Fort Thompson, South Dakota 57339

P: 605-245-2060/2061 F: 605-245-2132

Email: ccstenrollment@midstatesd.net

**Enrollment Application**

**APPLICANT**

Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Has Applicant ever been adopted?  Yes  No

*If yes, Applicant must provide proper documentation identifying at least one biological parent who is a member of the Crow Creek Sioux Tribe.*

Is Applicant currently or was previously enrolled with another tribe?  Yes  No

If yes, which tribe(s)? \_\_\_\_\_

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**BIOLOGICAL MOTHER**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tribes Where Enrolled: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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**BIOLOGICAL FATHER**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tribes Where Enrolled: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**STATEMENT:**

The undersigned hereby certifies on behalf of the applicant that the foregoing information is true and correct, and that if any material or statement is false, any enrollment granted pursuant to this application shall be void and of no force or effect.

Signature of Mother,  
Legal Guardian, or Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Notary Seal*

\_\_\_\_\_  
*Notary Signature*

\_\_\_\_\_  
*Notary's Printed Name*

Signature of Father,  
Legal Guardian, or Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Notary Seal*

\_\_\_\_\_  
*Notary Signature*

\_\_\_\_\_  
*Notary's Printed Name*