

Fort Belknap Indian Community



Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526-9455
PH: (406) 353-2205
FAX: Council - (406) 353-4541
FAX: Departments - (406) 353-2797

Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assinibolne and the Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

Fort Belknap Indian Community Enrollment Procedure

1. Please sign application, where applicable. Eighteen (18) years and older do not need parents signature, **only for paternity.**
2. Applicant/Parents of Applicant:
 - a. Applicant is to provide certified documentation on name change, as birth certificate has birth name. Name changes such as marriage, adoption, name change through court order.
 - b. **Couples married at time of birth of applicant, please submit a certified marriage license. See attached Resolution #166-97**
 - c. **Couples not married and/or common-law marriage at time of birth of applicant is to comply with the requirements of resolution #166-97. Both parents are to sign paternity acknowledgement. (See Courts)**
3. Applicants certified birth certificate, with biological parents (actual birth certificate, not a copy)
4. **A \$5.00 processing fee or money order payable to the Fort Belknap Indian Community** Attach receipt to application. Enrollment Office will take your processing fee to Finance and attach receipt for you.
5. A copy of the applicants **Social Security Number (card)**, for identification purposes. There may be more than one individual with the same name.
6. **Parents enrolled with another Tribe, please submit your "Certificate of Indian Blood" and a letter from your Tribe, stating that the applicant has not applied and is not enrolled with that Tribe.**
7. Please submit all documentation with completed application form. Incomplete application forms will not be accepted and returned to the applicant.
8. Mail application to:

Fort Belknap Indian Community
ATTN: Enrollment
656 Agency Main Street
Harlem, Montana 59526-9455

****IMPORTANT: STANDARD CERTIFICATE OF LIVE BIRTH (STATE BIRTH CERTIFICATE) MUST BE ATTACHED TO THIS APPLICATION** IF USING FATHER'S BLOOD, FATHER'S NAME MUST APPEAR ON BIRTH CERTIFICATE.**

**FORT BELKNAP INDIAN COMMUNITY
ENROLLMENT APPLICATION**

Applicant: _____
 Last First Middle DOB: _____

Address: _____ Phone No: _____

Male or Female: _____ Social Security No: _____ Birthplace: _____

Blood Quantum, if known: Fort Belknap Assiniboine: _____ Gros Ventre: _____

Mother's Name: _____ Address: _____
 Maiden

Social Security No: _____ Blood Quantum: _____
 Mother enrolled at: _____ Agency Address: _____
 Father's Name: _____ Address: _____
 Social Security No: _____ Blood Quantum: _____
 Father enrolled at: _____ Agency Address: _____

CERTIFICATION OF INFORMATION GIVEN

The undersigned hereby certifies on behalf of the applicant that the foregoing information is true to the best of his/her knowledge and that if any material statements are false, any enrollment granted pursuant to the application shall be void and of no effect.

Applicant's Signature: _____ Date: _____

Signature: _____ Date: _____
 Parent, Guardian (if applicant is under age)

State of: _____)
 County of: _____)

On this _____ day of _____, 20__, before me a Notary Public for the State of _____, personally appeared _____, and _____ known to me to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

Notary Public For The State Of _____
 Residing At _____
 My Commission Expires _____

RELEASE OF CONFIDENTIAL INFORMATION
Authorization to the Fort Belknap Enrollment Office to obtain personal information
in relation to Enrollment

Applicant's Name _____ DOB _____

Address _____

Applicant's Signature _____

Signature _____ DATE _____

Parent, Guardian

State of _____)

:ss

County of _____)

On this _____ day of _____, 20____, before me a Notary Public for the State of _____, personally appeared _____, and _____, known to me to be the person(s) whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

SEAL

Notary Public for the State of _____
Residing at _____
My Commission expires _____