Oglala Sioux Tribe
Enrollment Application
P.O. Box 2070
Pine Ridge, SD 57770
Ph. (605)867-1321 Fax (605)867-2901
receptionist@ oglala.org

joand@ oglala.org bernadinebb@ oglala.org

The Constitution of the Oglala Sioux Tribe requires that at least one parent of the applicant must be an enrolled member of the Oglala Sioux Tribe.

ALL APPLICATIONS MUST BE NOTARIZED!

Please read carefully. Failure to do so will result in an incomplete application. The applicant must submit the following required documents:

- Family Tree: Please fill out to the best of your knowledge.
- State Certified Birth Certificate
- If the other parent is enrolled in another tribe, we will need a copy of their Degree of Indian Blood and a signed Relinquishment of Rights Form for the applicant.
- Guardianship or Custody Order, if applicant is a minor and not your child; or if applicant is unable to complete the application on their own
- If Adopted, please provide Birth Certificate Prior To Adoption and Adoption Order.
  If Available:
- Parents' Marriage Certificate OR Proof of Paternity, if parents were not married at the time of applicant's birth, i.e. Paternity Affidavit, DNA, etc.

Acknowledgement Agreement

I certify that all information provided are certified and true to the best of my knowledge.

__________________________________________  ________________
Applicant/Parent or Legal Guardian of minor Signature  Date

__________________________________________
Print Name

__________________________________________  ________________________
Phone#  Email

Notice: All required documents (if it applies to you) must be submitted with the application to be considered complete and will go to committee for approval.
Oglala Sioux Tribe
Membership Application
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Pursuant to Ordinance 16-1-101 Article II Section I Membership of the Oglala Sioux Tribe Shall be automatic when a child is born to an enrolled member of Oglala Sioux Tribe.
Pursuant to Ordinance 10-26 of the Oglala Sioux Tribe, adopted by the Oglala Sioux Tribal Council on August 17, 2010 an application is hereby submitted for Enrollment with the Oglala Sioux Tribe of the Pine Ridge Indian Reservation, for the following Person:

Name: ___________________________ M/F DOB: ___________________________
Address: ___________________________ Phone#: ___________________________

Is applicant now or has ever been enrolled with another Tribe? ___________________________
And if yes, what Tribe? ___________________________

Biological Parents Information
(Leave Blank if not listed on Birth Certificate)

Father ___________________________
Date of Birth ___________________________
Ethnicity/Tribe ___________________________
Enrollment# ___________________________
Current Address ___________________________

Mother ___________________________
Date of Birth ___________________________
Ethnicity/Tribe ___________________________
Enrollment# ___________________________
Current Address ___________________________

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

Subscribed and sworn before me this ____________, Day of __________, __________ My Commission expires: ____________

S-E-A-L

Signature of Applicant/Parent or Guardian of minor
Notary Public

Notice: This page cannot be faxed, please email or mail this page.

For Enrollment Office Use Only

List# ___________________________ Pg# ___________________________ District ___________________________ Blood Degree ___________________________
Date of Approval: ___________________________ Enrollment#: ___________________________
Comments: ___________________________
