



joand@oglala.org

Oglala Sioux Tribe

Enrollment Application

P.O. Box 2070

Pine Ridge, SD 57770

Ph. (605)867-1321 Fax (605)867-2901

receptionist@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**
- 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.
- 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.

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.



joand@oglala.org

Oglala Sioux Tribe

Membership Application

P.O. Box 2070

Pine Ridge, South Dakota 57770

Ph. (605) 867-1321 Fax (605) 867-2901

receptionist@oglala.org



bernadinebb@oglala.org

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

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 or F DOB: _____

Address: _____ Phone# _____

_____ City State Zip

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 _____

Mother _____

Date of Birth _____

Date of Birth _____

Ethnicity/Tribe _____

Ethnicity/Tribe _____

Enrollment# _____

Enrollment# _____

Current Address _____

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 is 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: _____

Signature of Applicant/Parent or Guardian of minor

S-E-A-L

Notary Public

Note: If applicant is of age, they must sign their own application.

For Enrollment Office Use Only

Date of Approval: _____ Enrollment#: _____

Comments: _____

