

ENROLLEE INFORMATION

ENROLLEE FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX/MAIDEN
SOCIAL SECURITY NUMBER	₹	DATE OF BIRTH (MM/DD/YYYY)	GENDER
I certify that the information I am pro restrictions on the Class C application.		erstand that false statements made on this form are subject to	the same terms, conditions and
SIGNATURE		DATE	
PRINT NAME		RELATIONSHIP TO ENROLLEE	
ADOPTIVE PAREN	Γ(S) INFORMATION		
Alaska Native blood quantum CAI	N ONLY be established through	biological parent(s).	
ADOPTIVE MOTHER	NOT APPLICABLE (mother is bi	ological)	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX/MAIDEN
OTHER NAMES KNOWN BY	(SUCH AS MAIDEN)	SOCIAL SECURITY NUMBER	
	ALASKA NAT	IVE? YES NO	
DATE OF BIRTH (MM/DD/Y	YYY)		
Is adoptive mother enrolled to	any Regional Corporation or	Tribe listed? YES NO IF YES, check al	I that apply:
 □ Ahtna, Incorporated □ Aleut Corporation □ Arctic Slope Regional Corporation Bering Straits Native Corporation 	☐ Bristol Bay Native Corporation☐ Calista Corporation☐ Chugach Alaska Corporation☐ Cook Inlet Regional Inc.	□ Doyon, Limited □ 13th Regional Corporate □ Koniag, Inc. □ Arctic Village □ NANA Regional Corporation Sealaska Corporation Native Village of Tetlin	•
ADOPTIVE FATHER	IOT APPLICABLE (father is biolo	ogical)	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
			5611 IX
OTHER NAMES KNOWN BY	′	SOCIAL SECURITY NUMBER	
	ALASKA NAT	TIVE? YES NO	
DATE OF BIRTH (MM/DD/Y	YYY)		
Is adoptive father enrolled to a	ny Regional Corporation or T	Tribe listed? YES NO IF YES , check all	that apply:
 □ Ahtna, Incorporated □ Aleut Corporation □ Arctic Slope Regional Corporation Bering Straits Native Corportation 	□ Bristol Bay Native Corporation□ Calista Corporation□ Chugach Alaska CorporationCook Inlet Regional Inc.	□ Doyon, Limited □ 13th Regional Corpora □ Koniag, Inc. □ Arctic Village □ NANA Regional Corporation □ Venetie Tribal Governm Sealaska Corporation Native Village of Tetlin	