

LINEAGE VERIFICATION APPLICATION

Date Submitted: _____

Clinic Services

Education

General Welfare

CIMC

TANF

Other

Applicant's Full Name: _____

Date of Birth: _____

Mailing Address: _____

Physical Address _____

(If Different From Mailing)

City/State/Zip _____

City/State/Zip _____

(If Different From Mailing)

Phone #: (Home) _____

(Work) _____

(Cell) _____

(Other) _____

Email Address: _____

Mailing Preference:
(Per Household)

- Email Only
- No Mailings
- Hard Copy Mailings

Child Resides With:
(If 18 years or younger)

- Mother
- Both Parents
- Father
- Other: _____

Parent/Guardian:
(If 18 years or younger)

Name of Parent Related to
Enrolled Tribal Member:

Name of Enrolled Tribal
Member Applicant is
related to:

Enrollment Office Use Only - Please Do Not Write Below

Notes:

Lineage Verified

Individual Code #: _____