PUEBLO OF ISLETA
CENSUS/TRIBAL ENROLLMENT OFFICE
P.O. BOX 880
ISLETA PUEBLO, NEW MEXICO 87022
(505) 869-9766

DESCENDANT APPLICATION FOR TRIBAL MEMBERSHIP

INSTRUCTIONS:

1. **You must have a Pueblo of Isleta Descendant number to use this Application.** Applications that do not include a Descendant number will not be processed.
2. Answer all questions on the Descendant Application.
3. If the answer to any question is "none" or "not applicable," please so state.
4. You may return your completed Descendant Application to the Tribal Enrollment Office by mail to the address above, or in person at the Tribal Enrollment Office.

Descendant Number:_____ Phone:_____

Applicant's Full Name: _____
Last First Middle

Any other name(s) by which Applicant is or has been known: _____

Mailing Address: _____

_____

Physical Address: _____

_____

By my signature below, I certify that the above information is true and correct. I understand that my Descendant Application for Tribal Membership shall be processed as described in Sections 5, 7 and 8 of the Tribal Enrollment Ordinance, as amended; and consistent with the Policies for the Tribal Census/Enrollment Department.

Applicant's Signature: _____ Date: _____
or Parent/Legal Guardian of Applicant

ACKNOWLEDGMENT

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____.

(SEAL)
My commission expires: _____ _____
Notary Public

Office Use Only:
Updated PROGENY: _____ I Number: _____

APPROVED BY TRIBAL COUNCIL JUNE 6, 2016
(VOTE COUNT 6-1-0)