



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

INSTRUCTIONS FOR APPLICATION FOR ENROLLMENT

YOU MUST:

- 1. Answer all questions on the attached Application for Enrollment;**
- 2. Complete the attached Pueblo of Isleta Family Tree form; and**
- 3. Submit all of the applicable Supporting Documentation described below, before your application will be considered and any action will be taken on it.**

REQUIRED SUPPORTING DOCUMENTATION:

A. All Applicants:

- 1 Original or State Certified Copy of Birth Certificate

I. If Applicant wishes to use both parents blood quantum to calculate Applicant's blood quantum, both biological parents must be named on the Birth Certificate. If one biological parent is not named on the birth certificate, then the Applicant may request TEC to accept, and the Enrollment Staff to authenticate, a Court Order by the Pueblo of Isleta that establishes/acknowledges paternity.

B. If Applicant's Name has changed since birth:

1. Documentation for name change: For example, marriage License, judicially recognized change of name documentation, etc.

C. If Applicant is a Minor or Legally Incompetent and an Application is submitted by a Person other than Applicant's Parent(s):

1. Judicial Guardianship Decree or other evidence of authority to act on Applicant's behalf.

D. If Applicant is or has been enrolled in another Tribe:

1. Proof of relinquishment from the other Tribe, or
2. If still enrolled, the Pueblo of Isleta will provide a conditional acceptance letter, to an otherwise eligible Applicant, pending relinquishment from the other tribe. An Applicant's conditional acceptance in the Pueblo of Isleta will not become a valid acceptance, until the Pueblo of Isleta receives written notice of final membership relinquishment from the other tribe within thirty (30) days of the date of Applicant's conditional acceptance letter.

E. Applicant is minor:

1. Documentation verifying identity of natural parents (identity of father need not to be verified if mother is 1/2 Isleta Indian Blood and Applicant does not wish to claim any Isleta Blood from father).

NOTE: THE TRIBAL ENROLLMENT COMMITTEE MAY REQUIRE APPLICANT TO SUBMIT TO DNA PATERNITY TESTING TO PROVE CLAIMED ANCESTRY. IF REQUIRED, SUBMISSION OF SATISFACTORY TESTING EVIDENCE FROM AN ACCREDITED LABORATORY APPROVED BY THE ENROLLMENT COMMITTEE IS A CONDITION OF ENROLLMENT. THE COST OF ANY DNA TESTING DIRECTED BY THE ENROLLMENT COMMITTEE SHALL BE BORNE BY APPLICANT, OR THE PARENT OR GUARDIAN OF ANY MINOR APPLICANT.



APPLICATION FOR ENROLLMENT

If answer to any of the questions is "None" or "Not Applicable," please so state.

Descendant Number (if applicable): **D-** _____ Phone: _____

Applicant's Full Name: _____
Last First Middle

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

Mailing Address: _____

Physical Address: _____

☐ Male ☐ Female Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Applicant's Father's Full name: _____ Isleta Census Number: _____

Isleta Blood Degree: _____ Other Tribal Blood (tribe[s] and degree): _____

Applicant's Mother's Full name: _____ Isleta Census Number: _____
(Include Maiden Name)

Isleta Blood Degree: _____ Other Tribal Blood (tribe[s] and degree): _____

Degree of Indian Blood claimed for Applicant:

Isleta Tribal Blood: _____ Other Indian Blood: _____ Total Indian Blood: _____
(Specify tribe[s])

Is either one of your parents enrolled as a member of another tribe other than Isleta? ☐ Yes ☐ No

If yes, Parent's Name/Name of Tribe: _____ Census Number: _____

Is Applicant Enrolled with another tribe: ☐ Yes ☐ No If yes, what tribe? _____

Is Applicant an adopted child? ☐ Yes ☐ No

Applicant's Signature: _____ **Date:** _____

or Parent/Sponsor of Applicant

Relationship to 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.

Date Enrolled: _____ Entered into PROGENY _____ Number _____