

Office telephone:  
775/757-2921

APPLICATION FOR ENROLLMENT  
SHOSHONE-PAIUTE TRIBES  
of the  
DUCK VALLEY INDIAN RESERVATION

Office fax:  
775/757-2295 or 2910

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (Middle)

MAIDEN or OTHER NAME BY WHICH KNOWN: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_  
(Street or Post Office Box Number)

TELEPHONE NO. (optional) \_\_\_\_\_  
(City) (State) (Zip Code)

**MANDATORY REQUIREMENT - CERTIFIED BIRTH CERTIFICATE (Original)**

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Are you? ( ) Single ( ) Widowed ( ) Divorced ( ) Other  
( ) Married ( ) Separated ( ) Adopted

If married, give name of husband or wife: \_\_\_\_\_

Degree of Indian blood claimed: \_\_\_\_\_  
(Shoshone) (Paiute) Other Indian (Other)

Does your name appear on the Official Census Roll of the Western Shoshone Reservation as of January 1, 1935? ( ) Yes ( ) No

If NOT, give name of parent(s) and/or grandparent(s) whose name appear on the Census Roll of January 1, 1935.

NAME: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Do you have an allotment or possess land assignment on another Indian Reservation, Colony or Tribal Group?

\_\_\_\_\_  
(Name of Reservation, colony or group) (Where?)

Are you now enrolled, or eligible for enrollment on another Indian Reservation, or Colony other than Duck Valley? ( ) Yes ( ) No ( ) Where? \_\_\_\_\_

If my application is approved, I shall relinquish all claims to tribal membership in the other tribe. ( ) Yes ( ) No

I certify that I, \_\_\_\_\_ AM NOT an adopted child and  
(Applicant)  
the person or descendant by blood of the person through whom eligibility is claimed.  
I solemnly swear that the foregoing statements made by me are true to the best of my knowledge and belief.  
\_\_\_\_\_  
**APPLICANT'S SIGNATURE** DATE

**TO BE COMPLETED BY PARENT OR GUARDIAN FILING ON BEHALF OF A CHILD OR PERSON OTHER THAN APPLICANT.**  
Reason you are filing on behalf of this Applicant: \_\_\_\_\_  
\_\_\_\_\_  
State your relationship to Applicant: \_\_\_\_\_  
\_\_\_\_\_  
**SIGNATURE** DATE