



## **Lower Brule Sioux Tribe Enrollment Application**



Application must disclose all required information to establish eligibility for enrollment. The application must have an attached certified copy of State Birth Certificate (Not a Hospital Record). If a parent of the applicant is from another tribe the application must be accompanied by a certification from a governing body that ensures the applicant is not enrolled, nor has an enrollment application on file within that tribe.

Applications for the enrollment of a person who is a minor, under any legal disability, of children of a member of the Armed Services stationed outside of the continental United States, may be filed by the parent, next of kin, recognized guardian, tribal councilmember, or the superintendent.

No person shall be admitted to the membership in the Lower Brule Sioux Tribe who has ever been enrolled as member of another tribe.

As per Article 2 Section 1b of the Lower Brule Sioux Tribe Enrollment Policies and Procedures, all children born to any member of the Lower Brule Sioux Tribe and at least one-fourth degree Lower Brule Indian Blood shall be members regardless of the residence of their parents.

### **Appeal Process**

Any person who has been rejected for enrollment as a member of the tribe shall have a right to appeal to the Lower Brule Sioux Tribal Council. The decision of the Tribal Council shall be final. Any appeal under this section shall be taken within ninety (90) days from that date of the Tribal Council decision.

### **Relinquishment Policy**

In 2005, the Lower Brule Sioux Tribe adopted a Relinquishment Policy for children under the age of 18 years old. Any child who is under the legal age of 18 will be a permanent member of the Lower Brule Sioux Tribe, until they become of legal age and request for relinquishment.

Once a member has relinquished their membership with the Lower Brule Sioux Tribe, that person is no longer eligible for benefits from the tribe, nor can they re-enroll into the Lower Brule Sioux Tribe.

### **Contact Information**

Lower Brule Sioux Tribe

ATT: ENROLLMENT

187 Oyate Circle, Lower Brule, SD 57548

(605) 473-5561

**Checklist for Application**

**Blood Degree from Both Parents**

**Certified Copy of a State Birth Certificate**

**Notarized by a Notary Public**

1. Is the applicant enrolled in another tribe?

(Please Circle)

a. Yes or No

2. Who is submitting this application? (Please Circle Below)

a. Self

b. Natural Parents

c. Adoptive Parents (will need documented proof of guardianship)

3. Applicants Name:

\_\_\_\_\_

4. Date of Birth:

\_\_\_\_\_

5. Current Address:

\_\_\_\_\_

6. Phone Number:

\_\_\_\_\_

7. Father's Information

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

c. Residence at date of Applicant's Birth \_\_\_\_\_

d. Tribal Affiliation \_\_\_\_\_

e. Enrollment Number \_\_\_\_\_

f. Degree of Blood \_\_\_\_\_

8. Mother's Information

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

c. Residence at date of Applicant's Birth \_\_\_\_\_

d. Tribal Affiliation \_\_\_\_\_

- d. Tribal Affiliation \_\_\_\_\_  
e. Enrollment Number \_\_\_\_\_  
f. Degree of Blood \_\_\_\_\_

**I, the Undersigned, do hereby certify that the foregoing information is true and correct to the best knowledge. Further, that if any material statement is to be false, and enrollment granted pursuant to this application shall be Void and of No Force of Effect.**

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

Commission Expires: \_\_\_\_\_

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Office Use Only

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Applicant's Blood Degree: \_\_\_\_\_

Enrollment Committee:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Tribal Council:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

If approved Resolution Number \_\_\_\_\_