TRIBAL MEMBERSHIP APPLICATION
FOR THE PUEBLO OF JEMEZ

First Name:	Middle Name:	Last Name:
Date of Birth: _____/_____/_____	Gender: ☐ Female ☐ Male	
Social Security #: _____/_____/_____	Marital Status: ☐ Single ☐ Married ☐ Divorced	

Mailing Address: P.O. Box _____ City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Father's Full Name: _____ ☐ N/A

Date of Birth: _____/_____/_____ Is Paternity Established: ☐ Yes ☐ No

Father's Tribe, if applicable _____ ☐ N/A

Mother's Full Name: _____ Maiden Name:_____ ☐ N/A

Date of Birth: _____/_____/_____

Mother's Tribe, if applicable: _____ ☐ N/A

Is applicant an adopted child: ☐ Yes ☐ No ☐ N/A

Adoptive Father's Name: _____ Date of Birth: _____/_____/_____

Adoptive Mother's Name: _____ Date of Birth: _____/_____/_____

Is applicant enrolled with another tribe: ☐ Yes ☐ No If yes, which tribe? _____

Is applicant relinquished from the tribe? ☐ Yes ☐ No ☐ N/A

Do not complete section – office use only.

Eligibility: Does applicant meet 1/8 (12.5%) membership requirement? ☐ Yes ☐ No

Jemez Blood Quantum: _____ = _____% **Total Native Blood:** _____ = _____%

I hereby certify that the statements made on this application are true, complete and correct to the best of my knowledge and belief.

_____ _____

Signature of Applicant Date

If application is prepared by another person, other than the applicant, the person who completed it must sign here.

_____ _____ _____ _____

Signature Date Signature Date

Office of the Governor: Tribal Enrollment
PO Box 100, Jemez Pueblo, NM 87024