

Karuk Tribe of California



Administrative Office

64236 Second Ave. • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1600 Fax (530) 493-5322

Happy Camp Health Services

38 Park Way • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-5257 Fax (530) 493-5270

KARUK TRIBAL MEMBERSHIP OR DESCENDANCY APPLICATION

Date _____ Social Security Number _____
Name _____ Phone(____) _____
Mailing Address _____ City _____ County _____ State _____ Zip _____
Physical Address _____ City _____ State _____ Zip _____
Other Names Used _____ Birth Date _____ Veteran: Y N
Birth Place, City _____ State _____ County _____
Degree of Indian Blood _____ Sex _____
(Please Circle One)
Marital Status: **Single** **Married** **Divorced** **Domestic Partner** **Separated**
Common Law/Tribal Marriage **Widowed**

Spouse's Birth Name: _____ Date of Birth _____
Spouse's Ancestry _____

List Children's Names **Parents Names and Blood Degree**
Name **Birth Date** **Sex** **Tribe** **(If different from spouse)**

Name	Birth Date	Sex	Tribe	Parents Names and Blood Degree (If different from spouse)

If space available is not sufficient please attach additional pages of information.
Please indicate if children are adopted or handicapped.

AN ORIGINAL BIRTH CERTIFICATE ISSUED BY THE COUNTY WHERE YOU WERE BORN SHOWING THE NAMES OF YOUR NATURAL MOTHER AND FATHER WITH A REAISED SEAL MUST BE PROVIDED WITH THIS APPLICATION.

Were you adopted? Y N Adoptive parents Names: _____

I certify that the applicant is not enrolled with another Native American Tribe. I certify that all the information provided is true and correct. It is further understood that false information may invalidate my enrollment with the Karuk Tribe.

Each applicant must have an application of their own and must sign the application themselves if over the age of eighteen and not handicapped.

Date Signed

Signature
(Please check box)
 Applicant
 Parent
 Guardian
 Other (Explain): _____