### **Karuk Community Health Clinic**

64236 Second Avenue Post Office Box 316 Happy Camp, CA 96039 Phone: (530) 493-5257 Fax: (530) 493-5270



# **Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

#### Karuk Dental Clinic

64236 Second Avenue Post Office Box 1016 Happy Camp, CA 96039 Phone: (530) 493-2201

Fax: (530) 493-5364

## KARUK TRIBAL MEMBERSHIP OR DESCENDANCY APPLICATION

Date		Social Security Number			
Name		Phone ( )			
Mailing Address		_ City	County	State_	Zip
Physical Address		City	State Z	Zip	
Email Address					
Other Names Used			Birth Date_		_Veteran: y N
Birth Place, City		State	County		<u> </u>
Degree of Indian Blood				Sex	
(Please Circle One)		D' 1	D	<b>G</b>	41
Marital Status: Single Ma			Domestic Partner	Separa	itea
Common Law/Tribal Marris			Data of Di	4]_	
Spouse's Amagazaru				run	
Spouse's Ancestry					Pland Danner
List Children's Names	o Corr	Tuib a	Parents Nam		
Name Birth Dat	e Sex	1 ribe	(II dil	ierent irc	om spouse)
If space available is not suffice	ent please	attach additio	nal pages of information	n.	
If space available is not suffice Please indicate if children are  AN ORIGINAL BIRTH CE BORN SHOWING THE NA RAISED SEAL MUST BE F	adopted or  RTIFICAT  MES OF	handicapped. FE ISSUED I YOUR NATU	BY THE COUNTY WI	HERE Y	
AN ORIGINAL BIRTH CE BORN SHOWING THE NA	adopted or RTIFICAT MES OF VEROVIDE	handicapped. FE ISSUED YOUR NATU D WITH TH	BY THE COUNTY WI URAL MOTHER AND IS APPLICATION.	HERE Y FATHI	ER WITH A
AN ORIGINAL BIRTH CE BORN SHOWING THE NA RAISED SEAL MUST BE F	RTIFICATE MES OF TO PROVIDED Adoption	handicapped.  FE ISSUED I YOUR NATU D WITH THE  ve parents Native Am	BY THE COUNTY WITH THE COUNTY	HERE Y FATHI	mation provided
Please indicate if children are  AN ORIGINAL BIRTH CE BORN SHOWING THE NA RAISED SEAL MUST BE F  Were you adopted? Y   I certify that the applicant is not enre	RTIFICATE MES OF VEROVIDED Adoption	handicapped.  TE ISSUED  YOUR NATU  D WITH THE  ve parents Native Amalse information	BY THE COUNTY WILLIAM WILLIAM WOTHER AND IS APPLICATION.  ames: erican Tribe. I certify that al may invalidate my enrollment	HERE YO FATHI	mation provided Karuk Tribe.
AN ORIGINAL BIRTH CE BORN SHOWING THE NA RAISED SEAL MUST BE F  Were you adopted? Y   I certify that the applicant is not enre is true and correct. It is further under Each applicant must have an applicant	RTIFICATE MES OF VEROVIDED Adoption	handicapped.  TE ISSUED  YOUR NATU  D WITH THE  ve parents Native Amalse information	BY THE COUNTY WILLIAM WILLIAM WOTHER AND IS APPLICATION.  ames: erican Tribe. I certify that al may invalidate my enrollment	HERE YO FATHI	mation provided Karuk Tribe.
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AN ORIGINAL BIRTH CE BORN SHOWING THE NA RAISED SEAL MUST BE F  Were you adopted? Y \( \subseteq \) N  I certify that the applicant is not enre is true and correct. It is further under Each applicant must have an applicate eighteen and not handicapped.	RTIFICATE MES OF VEROVIDED Adoption	handicapped.  TE ISSUED  YOUR NATU  D WITH THE  ve parents Native Amalse information	BY THE COUNTY WITH AND URAL MOTHER AND IS APPLICATION.  ames:  erican Tribe. I certify that all may invalidate my enrollment gen the application themselves:  Signature (Please check box)  Applicant	HERE YO FATHI	mation provided Karuk Tribe.

## **APPLICANT'S PERSONAL INFORMATION**

Applicant's Name:		
DOB:		
POB: Tribe:		Great-Grandfather's Name:
Roll #		Great Grandauner a manner
		DOB:
YOUR FATHER'S FAMILY		POB:
	Grandfather's Name:	Tribe:
	202	Roll #
	DOB:	Great-Grandmother's Maiden Name:
	POB:	_ Great-Grandmother's Maiden Name:
	Tribe: Roll #	DOB:
Father's Name:	HOII #	POB:
		Tribe:
DOB:		Roll #
POR:		
Tribe:		
Roll #		
		Great-Grandfather's Name:
		DOB:
	Grandmother's Maiden Name:	POB:
	DOD:	Tribe:
	DOB:	Roll #
	POB: Tribe:	Great-Grandmother's Maiden Name:
	Roll #	_ Great-Grandmother 3 Maiden Name.
	Non n	DOB:
		POB:
		Tribe:
		Roll #
YOUR MOTHER'S FAMILY		Great-Grandfather's Name:  DOB: POB:
		Tribe:
	0 15 11 1 11	Roll#
	Grandfather's Name:	Creat Creadesatharla Naider Names
	DOB:	_ Great-Grandmother's Maiden Name:
Mother's Maiden Name:	POB:	DOB:
Wother 5 Warden Name.	Tribe:	POB:
DOB:	Roll #	Tribe:
POB:		Roll #
Tribe:		
Roll #		
		Great-Grandfather's Name:
		DOB:
	Grandmother's Maiden Name:	POB:
		Tribe:
	DOD:	Roll #
	DOB	
	DOB:POB:	
	POB: Tribe:	Great-Grandmother's Maiden Name:
	POB:	Great-Grandmother's Maiden Name:
	POB: Tribe:	Great-Grandmother's Maiden Name:  DOB:
	POB: Tribe:	Great-Grandmother's Maiden Name: