



**NORTHWESTERN BAND  
of the SHOSHONE NATION**

2575 Commerce Way – Ogden, UT – 84401  
Phone (435) 734-2286 – Fax (435) 734-0424

**Enrollment**



**APPLICATION for ENROLLMENT**

Full Legal Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address (include City, State, & Zip Code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth (include City, State, & Zip Code): \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Enrollment #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Enrollment #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Ancestor on Base Roll & Enrollment #: \_\_\_\_\_

\_\_\_\_\_

Previously Enrolled Tribe? Y / N If Yes, identify: \_\_\_\_\_

Date of Relinquishment: \_\_\_\_\_

(Must include Relinquishment Letter from Previously Enrolled Tribe)

Name of Person Making Request: \_\_\_\_\_

(If not self, person making request must be legal parent or guardian of individual)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Enrollment Committee Use*

Please Circle: Approved / Denied Date: \_\_\_\_\_

Initial of Committee Members: \_\_\_\_\_