



# TE-MOAK TRIBE OF WESTERN SHOSHONE

525 Sunset Street • Elko, Nevada 89801  
775-738-9251 • Fax 775-738-2345

## REQUEST FOR VERIFICATION OF DESCENDANCY

### APPLICANT:

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden) (Suffix)

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

### MOTHER OF APPLICANT:

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Date of Birth: \_\_\_\_\_ Band Affiliation: \_\_\_\_\_

### FATHER OF APPLICANT:

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Date of Birth: \_\_\_\_\_ Band Affiliation: \_\_\_\_\_

### NAME OF ANCESTOR, IF PARENTS AND/OR GRANDPARENTS ARE NOT ENROLLED MEMBERS OF THE TRIBE:

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden) (Suffix)

### IF REQUEST IS FOR A MINOR CHILD, ADDITIONAL PROOF OF LEGAL GUARDIANSHIP IS REQUIRED:

Print Full Name of Requestor: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_.

SEAL

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

\*\*\*\* STATE ISSUED BIRTH CERTIFICATES ARE REQUIRED LINKING APPLICANT TO THEIR DESCENDENT \*\*\*\*

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

APPROVED: 01/12/2017