



TE-MOAK TRIBE OF WESTERN SHOSHONE

825 Railroad Street • Elko, Nevada 89801

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