



Kickapoo Tribe in Kansas (KTIK) Enrollment Application

**Applicant**

First, Middle, Last Name: \_\_\_\_\_

Other name(s): \_\_\_\_\_

Date of Birth (provide birth certificate): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number (provide copy of card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Parent(s)**

**Mother**

First, Middle, and Last Name: \_\_\_\_\_

KTIK Enrollment number: \_\_\_\_\_

Other name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Degree of KTIK Blood Claimed: \_\_\_\_\_ Other Tribe(s) and percentage of blood: \_\_\_\_\_

**Father**

First, Middle, and Last Name: \_\_\_\_\_

KTIK Enrollment number: \_\_\_\_\_

Other name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Degree of KTIK Blood Claimed: \_\_\_\_\_ Other Tribe(s) and percentage of blood: \_\_\_\_\_

Check here if father's name is not on birth certificate

Check here if this applicant was adopted

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

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