

Karuk Community Health Clinic

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

Karuk Tribe



Karuk Dental Clinic

64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office

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

KARUK TRIBAL MEMBERSHIP OR DESCENDANCY APPLICATION

Date _____ Social Security Number _____
 Name _____ Phone () _____
 Mailing Address _____ City _____ County _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Email Address _____
 Other Names Used _____ Birth Date _____ Veteran: Y N
 Birth Place, City _____ State _____ County _____
 Degree of Indian Blood _____ Sex _____
 (Please Circle One)
 Marital Status: **Single** **Married** **Divorced** **Domestic Partner** **Separated**
Common Law/Tribal Marriage **Widowed**
 Spouse's Birth Name: _____ Date of Birth _____
 Spouse's Ancestry _____

List Children's Names				Parents Names and Blood Degree
Name	Birth Date	Sex	Tribe	(If different from spouse)

If space available is not sufficient please attach additional pages of information.
Please indicate if children are adopted or handicapped.

AN ORIGINAL BIRTH CERTIFICATE ISSUED BY THE COUNTY WHERE YOU WERE BORN SHOWING THE NAMES OF YOUR NATURAL MOTHER AND FATHER WITH A RAISED SEAL MUST BE PROVIDED WITH THIS APPLICATION.

Were you adopted? Y N Adoptive parents Names: _____

I certify that the applicant is not enrolled with another Native American Tribe. I certify that all the information provided is true and correct. It is further understood that false information may invalidate my enrollment with the Karuk Tribe.

Each applicant must have an application of their own and must sign the application themselves if over the age of eighteen and not handicapped.

Date Signed

Signature
(Please check box)
 Applicant
 Parent
 Guardian
 Other (Explain): _____

APPLICANT'S PERSONAL INFORMATION

Applicant's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

YOUR FATHER'S FAMILY

Father's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Grandmother's Maiden Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Great-Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

 Great-Grandmother's Maiden Name _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Great-Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

 Great-Grandmother's Maiden Name _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

YOUR MOTHER'S FAMILY

Mother's Maiden Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Grandmother's Maiden Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Great-Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

 Great-Grandmother's Maiden Name _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

Great-Grandfather's Name: _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____

 Great-Grandmother's Maiden Name _____
 DOB: _____ Roll# _____
 POB: _____
 Tribe: _____