

**ENROLLMENT FOR CERTIFICATE OF INDIAN BLOOD**

**\*This information cannot be faxed or emailed because the ORIGINAL Birth Certificate needs to be enclosed\***

Requestor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Request \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Contact No. \_\_\_\_\_

\* If one parent is non-Navajo, we need ethnicity

\* If parent is of another tribe, we need non-enrollment of verification from the other tribe.

Navajo Nation Vital Records Office  
PO Box 1510  
Tuba City, Arizona 86045

Dear Navajo Nation Vital Records Office:

I am requesting enrollment of (Child's Name) \_\_\_\_\_,  
(Child's Date of Birth) \_\_\_\_\_. I am requesting \_\_\_\_\_ certified copies. The purpose of my request is to apply for the NN ARPA Hardship Assistance.

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Census No. \_\_\_\_\_

Ethnicity (if non-Navajo) \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Census No. \_\_\_\_\_

Ethnicity (if non-Navajo) \_\_\_\_\_

Applicant's Signature (*in front of notary*) \_\_\_\_\_

**NOTARY AREA**

State of \_\_\_\_\_ County of \_\_\_\_\_. On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ before me personally appeared \_\_\_\_\_ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document.

Affix Seal/Stamp Here

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_