



p: 505-455-4434 f: 505-455-2038 15A NP 102 West, Santa Fe, New Mexico 87506

Tribal Enrollment Information Request

Applicants Full Name:		Suffix (Circle One): Jr. Sr. I II III
Maiden, Indian, or Other N	ame by Which Known:	
Date of Birth:	Gender: ☐ F ☐ M	Enrollment #:
Type of Request (select one)):	
1 1 1	`	er) to whom the file pertains, or a enrolled tribal Written Request Section Below)
Please attach supporting do	cumentation for requests belo	w:
☐ Court Order or Bona Fide	Legal request;	
Governor or Tribal Counc	il;	
☐ ICWA Representative;		
☐ Social Services Departmen	t or a Law Enforcement Agency	done in conjunction with a legal investigation;
☐ Pueblo of Nambe program	n, department, agency, or service	-provider.
Documents Requested for	☐ Copies ☐ Viewing:	
☐ Birth Certificate	Current Address	☐ Enrollment Verification Letter
Lineage	☐ Tribal Membership ID	Other:
Written Request Section		
Name of Requestor:		Relationship:
Signature of Requestor:		Date:
Enrollment Officer Signatur	e:	Date: