



## Pueblo of Nambe-Tribal Enrollment Office

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

### Tribal Enrollment Verification Request

Applicants Full Name: \_\_\_\_\_ Suffix (Circle One):

Maiden, Indian, or Other Name by Which Known: \_\_\_\_\_ Jr. Sr. I II III

Date of Birth: \_\_\_\_\_ Gender:  F  M Enrollment #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

#### Tribal Use Only

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

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

I certify that the individual named above is an enrolled member of the Pueblo of Nambe.

The information listed above is either incomplete or does not match our files, please update and resubmit form.

I certify the above named individual may be eligible for enrollment.

Enrollment Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_