

PASCUA YAQUI TRIBE ENROLLMENT DEPARTMENT

7474 S CAMINO DE OESTE

TUCSON, AZ 85757

520-879-6242 or 1-888-443-0044



# APPLICATION FOR MEMBERSHIP

*Before completing this application we highly recommend you read the attached enrollment brochure for information on the eligibility and documentation requirements, and instructions on how to complete the application.*

## SECTION A APPLICANT'S INFORMATION

Legal Name of Applicant: \_\_\_\_\_ Maiden Name/AKA: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Citizen? Yes  No  Degree of Yaqui Blood: \_\_\_\_ / \_\_\_\_

*Example: One-Quarter you would write 1/4*

Are You Adopted? Yes  No  If you've checked Yes Complete Section F on Page 4.

Marital Status: Single  Married  Divorced  Widowed  Spouse's Name (if applicable): \_\_\_\_\_

Do you possess and/or are enrolled with another Indian Tribe, Band or Community? Yes  No  If yes, name of Tribe: \_\_\_\_\_

Other Tribe's Enrollment #: \_\_\_\_\_ Degree of Other Indian Blood: \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mess. Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Complete this section if your mailing address is different than your physical address - or Check the box if same as above .*

Physical Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## SECTION B FATHER'S INFORMATION

Biological Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Soc. Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Citizen? Yes  No  Enrolled with Pascua Yaqui Tribe? Yes  No

Degree of Yaqui Blood: \_\_\_\_ / \_\_\_\_ Enrollment #: \_\_\_\_\_ Other Indian Blood? Yes  No

*Example: One-Quarter you would write 1/4*

If yes, Tribe, Band or Community? \_\_\_\_\_ Other Indian Blood: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

## SECTION C MOTHER'S INFORMATION

Biological Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Maiden/AKA*

Soc. Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Citizen? Yes  No  Enrolled with Pascua Yaqui Tribe? Yes  No

Degree of Yaqui Blood: \_\_\_\_ / \_\_\_\_ Enrollment #: \_\_\_\_\_ Other Indian Blood? Yes  No

*Example: One-Quarter you would write 1/4*

If yes, Tribe, Band or Community? \_\_\_\_\_ Other Indian Blood: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

**SECTION D FATHER'S FAMILY TREE INFORMATION**

**Great-Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great-Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

*DYB = Degree of Yaqui Blood (i.e. 4/4, 1/2, 1/4)  
ENR# = Pascua Yaqui Tribal Enrollment Number*

**Great Grandfather:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Great Grandmother:**

DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Grandfather:**

aka:	
DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Father:**

aka:	
DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

**Grandmother:**

aka:	
DOB:	DOD:
Place of Birth:	
DYB:	ENR#:
Brother(s)/Sister(s) - Full/Half:	

\* Attach a page to add any additional information.

**SECTION E MOTHER'S FAMILY TREE INFORMATION**

**Grandfather:**

aka:
DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Mother:**

aka:
DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

*DYB = Degree of Yaqui Blood (i.e. 4/4, 1/2, 1/4)  
ENR# = Pascua Yaqui Tribal Enrollment Number*

**Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Grandmother:**

aka:
DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandfather:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

**Great-Great Grandmother:**

DOB: DOD:
Place of Birth:
DYB: ENR#:
Brother(s)/Sister(s) - Full/Half:

\* Attach a page to add any additional information.

**SECTION F GENERAL INFORMATION**

Are you **ADOPTED**? Yes  No

If you've checked **YES**, list your adopted father and mother.

Name of Adoptive Father:

Enrolled with Pascua Yaqui Tribe? Yes  No   
If yes, provide Enrollment #:

Children who were adopted by non-biological parents must meet the membership criteria established in Article III of the Constitution and must prove their Pascua Yaqui blood lines through one or more of their biological parents. Documentation regarding the birth parent(s) must be submitted. The Enrollment Department seals such information and records.

Name of Adoptive Mother:

Enrolled with Pascua Yaqui Tribe? Yes  No   
If yes, provide Enrollment #:

List the name(s) and birth date(s) of your child(ren) below.

If you are seeking membership for your child(ren) a separate application must be completed for each child.

Name	Date of Birth	Name	Date of Birth

**SECTION G COLLATERAL FAMILY INFORMATION**

An applicant who applies for membership through collateral blood relative(s) must prove by way of documentation that the relative(s) is listed on the Pascua Yaqui Tribe Membership Roll.

Are you claiming that a family member "Collateral Relation" is an enrolled member of the Pascua Yaqui Tribe? (For example a sibling, aunt, uncle or cousin.) Yes  No  Unknown

If you've checked YES, you are REQUIRED to provide your relative's name, date of birth, (PYT tribal enrollment number – if available) and supporting documentation to verify your family relationship. You are also REQUIRED to complete Page 4 a. of this application to identify and establish extended family relationship(s).

If you've checked NO or UNKNOWN, your application may be declined and not accepted until all necessary information and documentation is furnished.

Name	Date of Birth	PYT Enrollment Number	Relationship

Explain how you are related to the enrolled member, to be further explained on Page 4a. of this application.


**SECTION H**

**COLLATERAL FAMILY INFORMATION - CONTINUE**

To identify and establish your claim to an extended family, also known as “Collateral Relation”, the applicant is required to complete the relationship chart below. Complete the chart to the best of your knowledge listing your enrolled relative(s) and provide all supporting information and documentation to verify (link) your family relationship.

*The Chart below demonstrates “Blood Relation” existing among different people descending from the same or common ancestor. This relation by blood is of two kinds; lineal and **collateral**.*

The term “**Removed**” comes in for each generation that one relative descends further down the family tree than the other; this is identified as once removed, twice removed, etc.

**PLEASE REFER TO APPLICATION INSTRUCTIONS**

*DYB= Degree of Yaqui Blood (i.e. 4/4, 1/2, 1/4)  
Enr# =Pascua Yaqui Tribal Enrollment Number*

**Great-Great Grandparent**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Great Grandparent**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Great-Great Uncle/Aunt**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Grandparent**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Great Uncle/Aunt**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**1<sup>st</sup> Cousin Twice Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Parent**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Uncle/Aunt**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**1<sup>st</sup> Cousin Once Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**2<sup>nd</sup> Cousin Once Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**START HERE** ↓  
**APPLICANT**

**Sibling**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**1<sup>st</sup> Cousin**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**2<sup>nd</sup> Cousin**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**3<sup>rd</sup> Cousin**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Child**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Nephew/Niece**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**1<sup>st</sup> Cousin Once Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**2<sup>nd</sup> Cousin Once Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**3<sup>rd</sup> Cousin Once Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Grandchild**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**Grand Nephew/Niece**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**1<sup>st</sup> Cousin Twice Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**2<sup>nd</sup> Cousin Twice Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

**3<sup>rd</sup> Cousin Twice Removed**

Name: _____
aka: _____
DOB: _____
DYB: _____
Enr#: _____

\* Attach a page to add any additional information.

**SECTION I ENROLLMENT APPLICATION AFFIDAVIT**

**AFFIDAVIT**

*(Print the full name of the applicant or the name of the Parent/Legal Guardian/Sponsor completing the application)*

I, \_\_\_\_\_, being of sound mind, affirm that I personally completed the application above, OR I personally provided the information in this application for tribal membership. I affirm in good faith, and under perjury, of sincere belief, and personal knowledge that the aforementioned statements, matters, facts, and things set forth in this application for tribal membership are true and correct to the best of my knowledge. I further recognize and acknowledge that some or all of the information contained in this application, as well as any documents or written statements that I have provided to the Enrollment Department may be shared with various tribal, county, state and outside agencies to determine tribal status and eligibility of services.

(Initial) \_\_\_\_\_ I further acknowledge that it is my responsibility to report any address/contact information change with the Enrollment Dept. All enrollment notices will be deemed served based on the address provided in my application.

(Initial) \_\_\_\_\_ I further acknowledge should I be required to furnish additional information/documents I will have 30 calendar days to furnish the requested information and failure to do so will result in the automatic Administrative Closure of my enrollment application.

(Initial) \_\_\_\_\_ I further acknowledge that my enrollment application that has been administratively closed and all supporting documents/records will be permanently discarded one year from the requested date of information.

**\*\* THIS APPLICATION MUST BE NOTARIZED AT TIME OF ACCEPTANCE \*\***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Sponsor/  
Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Public: \_\_\_\_\_

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

**ENROLLMENT APPLICATIONS MAY BE SUBMITTED ONLY TO THE:**

Pascua Yaqui Tribe Enrollment Department  
7474 S Camino De Oeste | Tucson, AZ 85757  
520-879-6242 or 1-888-443-0044  
**(Walk-Ins, Mail and By Appointment)**

**OR**

Itom Hiapsi Building | Enrollment Annex  
9405 S Avenida Del Yaqui | Guadalupe, AZ 85283  
480-768-2040 or 480-768-2042  
**(Walk-Ins and By Appointment)**

**APPLICATION INTAKE SUMMARY**

Initial Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ None  Assigned Staff: \_\_\_\_\_

**COMPLETE.** Applicant met filing requirements

**INCOMPLETE.** Applicant did not meet filing requirements

Applicant was informed to volunteer/submit the following information and documentation.

Birth Certificate or Other Record of Birth for:	Legal Documents:	Valid U.S. Passport/Card for:
Baptismal Certificate/Church Record of Birth for:	Court Documents:	Certificate of Birth Aboard for:
Death Certificate for:	Marriage License for:	Social Security for:
Adoption Records for:	Divorce Decree for:	Other:
Certificate of U.S. Citizenship/Naturalization for:	Notarized Affidavit(s) for:	Other:
DNA Results for:	Valid Government Issued Picture ID for:	Other:
Notes:		

**NEW APPOINTMENT.** Applicant was issued a new appointment for review of the requested info/doc.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Assigned Staff: \_\_\_\_\_ Cancelled  No Show  Rescheduled

**COMPLETE.** Applicant met filing requirements  **INCOMPLETE.** Applicant did not meet filing requirements

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Assigned Staff: \_\_\_\_\_ Cancelled  No Show  Rescheduled

**COMPLETE.** Applicant met filing requirements  **INCOMPLETE.** Applicant did not meet filing requirements

**MET FILING REQUIREMENTS – APPLICATION ACCEPTED**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Log In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ File #: \_\_\_\_\_ Initials: \_\_\_\_\_

- Mailed
- Walk-In
- Guadalupe Annex
- Community/Other: \_\_\_\_\_

*Documentation Submitted:*

\_\_\_\_\_

\_\_\_\_\_

**ADMINISTRATIVE CLOSURE**

Date of Initial Doc/Info Request: ____/____/____	30 Day Cut-off Date: ____/____/____	Discard Application Date: ____/____/____
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Application Processor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approval to Discard**

Enrollment Director or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_