

Pueblo de San Ildefonso

Enrollment Office

Enrollment Process

If you or a family member want to be enrolled at Pueblo de San Ildefonso, please must submit the following paperwork:

- 1. Application Form
- 2. Birth Record Form
- 3. Copy of Birth Certificate
- 4. Family Record Tree showing your lineage and indicating the person(s) from which the claim of Indian blood is made (CIB and DOB).
- 5. Copy of Parents Certificate of Indian Blood.
- 6. If parents are Married, copies of Marriage Certificate is required. If not, a statement of paternity is required.
- 7. We ask that **both** mother and father sign the application form for <u>minor</u> children.
 - a. If unable to do this, we need copies of legal documents showing joint and/or legal custody of any minor children of the parent/guardian submitting the form.

Please note that Pueblo de San Ildefonso requires a minimum of 1/4 Indian blood and at least one parent that is an enrolled Tribal Member.

When all items are collected, please return packet to the Interim-Enrollment Clerk, Jasmin Gonzales, at the Tribal Administrative office or you can mail/email to the following addresses:

Enrollment Office 02 Tunyo Po Santa Fe, NM 87506

Or receptionist@sanipueblo.org

If you have any questions, please call the Jasmin Gonzales at 505-455-4100.



Telephone 505-455-2273 FAX (505-455•7311)

Santa Fe, New Mexico 87506

SAN ILDEFONSO PUEBLO TRIBAL ENROLLMENT APPLICATION

Nam	e of Applicant:						
Date and Pla	ace of Birth:						
Degree of Sa Indian Blood	an Ildefonso d:		Social S	Securit	cy No:		
Do you resid	de at San Ilde	efonso Pueblo	0?	Yes	3	NO	
Reservation	Address:						
Mailing Add	ress:						
Name and rel Pueblo:	ationship of	closest rela	ative or	guardi	an enroll	ed at Sa	n Ildefonso
Are you enro	lled in another	Tribe?		les		NO	
What Tribe?							
Do you claim	San Ildefonso	Tribal Member	rship?	[Yes		10
Name of Fat	her:			Tribe	2:		
				Other			
Maiden Name	of Mother:			Tribe	5:		
I CERTIFY SIGNATURE:	THAT THE ABOVE	INFORMATION	IS CORRECT	AND TH	RUE TO THE	BEST OF	MY KNOWLEDGE.
GUARDIAN:				DATE:			
WITNESS:				DATE:			
Parents signature if minor child						_	
	Mother's Sig	nature			Father's	Signatu	re



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BIRTH REPORT

Name of Child:				
Date of Birth:	Sex:			
Place of Birth:	· ·			
Address:				
Father's Name:	DOB:			
Tribe:	Cansus #:			
Degree of Indian Blood:				
Mother's				
Name:	DOB:			
Tribe:	Census#			
Degree of Indian Blood:				
Head of	Relationship to mother			
Household:	of this Child:			
Below information will be filled out by the Enrollme	nt Office			
This Child shall be enrolled with this Tribe	Pueblo de San Ildefonso			
CERTIFICATION	ENROLLMENT ONLY			
	Census #:			
Christopher A. Moquino	Total IndianBlood:			
Governor, Pueblo de San Ildefonso				
Date				
	Tribal Enrollment Clerk			

Family Record for Enrollment

Please fill in the information requested, names go in green areas.

Grand Mother Name]	
DOB:		
Enroll #		
	Mother Name	
	DOB:	
	Enroll #	
Grand Father Name		
DOB:		
Enroll #]	
		Vour Name
Grand Mother Name	1	Your Name
DOB:		
Enroll #		
	Father Name	
	DOB:	
	Enroll #	
		1
Grand Father Name		
DOB:]	
Enroll #]	