



Pueblo de San Ildefonso

Enrollment Office

Enrollment Process

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

1. Application Form
2. Birth Record Form
3. Copy of Birth Certificate
4. Family 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 are required. If not, a statement of paternity is required.
7. We ask that **both** mother and father sign the application form for minor 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. Dual Enrollment is prohibited. If applicant is currently enrolled in another tribe but wishes to switch enrollment to Pueblo de San Ildefonso, proof of relinquishment must be provided from current enrolled tribe.

When all items are collected, please return packet to the Tribal 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 enrollment@sanipueblo.org

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



San Ildefonso Pueblo Enrollment Application

Name of Applicant: _____

Date and Place of Birth: _____

Degree of San Ildefonso Indian Blood: _____ Social Security No: _____

Do you reside at San Ildefonso Pueblo? Yes No

Physical Address: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Name of relationship of closest relative or guardian enrolled at San Ildefonso Pueblo:

Are you enrolled in another Tribe? Yes No

If yes, what tribe? _____

Name of Father: _____ Tribe: _____

Other: _____

Maiden Name of Mother: _____ Tribe: _____

Other: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

GUARDIAN: _____ DATE: _____

WITNESS: _____ DATE: _____

Parents signature
if minor child: _____

Mother's Signature

Father's Signature

Official Use Only:

Date Received: _____

Received By: _____



BIRTH REPORT

Name: _____

Date of Birth: _____ Sex: _____

Place of Birth: _____ Hospital: _____

Address: _____

Father's Name: _____ DOB: _____

Tribe: _____ Census #: _____

Degree of Indian Blood: _____ SSN: _____

Mother's Name: _____ DOB: _____

Tribe: _____ Census #: _____

Degree of Indian Blood: _____ SSN: _____

Head of Household: _____ Relationship to Applicant: _____

Official Use Only

This person shall be enrolled with this Tribe _____ Pueblo de San Ildefonso _____

Christopher A. Moquino
Governor, Pueblo de San Ildefonso

Pending Census #: _____
Total Indian Blood: _____

Date

Tribal Enrollment Clerk



Family Record

Please fill in the information to the best of your abilities.

Grandmother:			
DOB:			
Blood Quantum:			
Enrollment #			
Mother:			
DOB:			
Blood Quantum:			
Enrollment #			
Grandfather:			
DOB:			
Blood Quantum:			
Enrollment #			
Grandmother:			
DOB:			
Blood Quantum:			
Enrollment #			
Father:			
DOB:			
Blood Quantum:			
Enrollment #			
Grandfather:			
DOB:			
Blood Quantum:			
Enrollment #			
Applicant:			