



# Pueblo de San Ildefonso

## *Enrollment Office*

### **Enrollment Process**

If you or a family member would like to enroll at Pueblo de San Ildefonso, please submit the following paperwork:

1. Application Form
2. Birth Record Form
3. Copy of Birth Certificate
4. Family Record 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, a copy of the Marriage Certificate is required. If not, a completed and notarized Acknowledgement of Paternity form is required. This can be found on the NM Health Website under Vital Records.
7. We ask that both mother and father sign the application form for minor children.
  - a. If unable to do this, we request copies of legal documentation showing joint and/or legal custody of any minor children that the parent/guardian is submitting the application for.

Please note that Pueblo de San Ildefonso Pueblo requires a minimum of  $\frac{1}{4}$  Indian Blood Quantum and at least one parent that is an enrolled Tribal Member.

Once all items are collected, please return packet to the Tribal Enrollment Clerk, Jasmin Gonzales, at the Tribal Administration Office or you can mail/email to the following addresses:

Enrollment Office  
02 Tunyo Po  
Santa Fe, NM 87506

Or [enrollment@sanipueblo.org](mailto: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 and relationship of closest relative or guardian enrolled with San Ildefonso Pueblo:

\_\_\_\_\_

Are you currently enrolled in another Tribe?  Yes  No

If yes, what tribe? \_\_\_\_\_

Applicants Father: \_\_\_\_\_ Tribe: \_\_\_\_\_

Other: \_\_\_\_\_

Applicants Mother: \_\_\_\_\_ Tribe: \_\_\_\_\_

Other: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Parent/Guardian  
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 #

Applicant:
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Grandmother:
DOB:
Blood Quantum:
Enrollment #

Father:
DOB:
Blood Quantum:
Enrollment #

Grandfather:
DOB:
Blood Quantum:
Enrollment #