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

__________________________ Pending Census #: _______________________
Christopher A. Moquino
Governor, Pueblo de San Ildefonso

Total Indian Blood: _______________________

__________________________ Date ____________ Tribal Enrollment Clerk
Family Record

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

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<th>DOB:</th>
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