



HEIPA DISTRICT YOUTH ENROLLMENT APPLICATION

P.O. Box 223 ~ 10731 BIA 15
Veblen, SD 57270

(All information as requested must be filled out in order to be enrolled in the Heipa District)
(Copy of Tribal Enrollment must be attached)

Name: _____ DOB: _____ SSN: _____

Address: _____
P.O. Box/Street City State Zip Code

SWO Enrollment #: _____

PARENTS

Mother: _____ (maiden) Father: _____

GRANDPARENTS

_____ (maiden) Maternal Grandfather

_____ (maiden) Paternal Grandfather

I am hereby requesting membership with the Heipa District Youth of the Lake Traverse Reservation and do hereby certify that:

- * I am an enrolled member of the Sisseton Wahpeton Oyate.
- * I am at least ¼ degree of Sisseton Wahpeton Sioux and/or other Native American Indian Blood, as stated in the Heipa District Constitution.
- * The date of birth, as well as the enrollment number I have provided is correct.
- * I am not a member of any other district.

Applicant's (parent) Signature: _____ Date: _____

Date Approved: _____

Youth Committee Member: _____ Date Signed: _____

Youth Committee Member: _____ Date Signed: _____