



ROSEBUD SIOUX TRIBE

Enrollment Department

P.O. Box 335

Rosebud, S.D. 57570

PH: (605) 747-2381

FAX: (605) 747-4020

caroline.horselooking@rst-nsn.gov

Caroline Horse Looking, Director

Darlene Marshall, Administrative Assistant

Leondra Blacksmith, Research Clerk

Amanda Antoine, Secretary

Emily Mashek, Receptionist

REQUEST FORM

ENROLLMENT #: _____

I AM REQUESTING:	_____ Certificate of Indian Blood
_____ Application	_____ Pending Letter
_____ BIA 4432 Form	_____ Notary Services
_____ Proof of Descendancy	_____ Verification of Relationship

NAME: _____
(Please Print) (Maiden Name)

CURRENT MAILING ADDRESS: _____
STREET or PO BOX
TOWN or CITY STATE ZIP

DATE OF BIRTH: ____/____/____ COMMUNITY: _____

LIST MINOR CHILDREN NEEDED:

- | | | |
|----------|------------|----------|
| 1. _____ | DOB: _____ | #: _____ |
| 2. _____ | DOB: _____ | #: _____ |
| 3. _____ | DOB: _____ | #: _____ |
| 4. _____ | DOB: _____ | #: _____ |
| 5. _____ | DOB: _____ | #: _____ |

SIGNATURE: _____ DATE: _____