



**Organized Village of Kake**

**P.O. Box 316**

**Kake, Alaska 99830-0316**

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*(Federally Recognized Tribal Government serving the Kake, Alaska area)*

**TRIBAL ENROLLMENT APPLICATION**

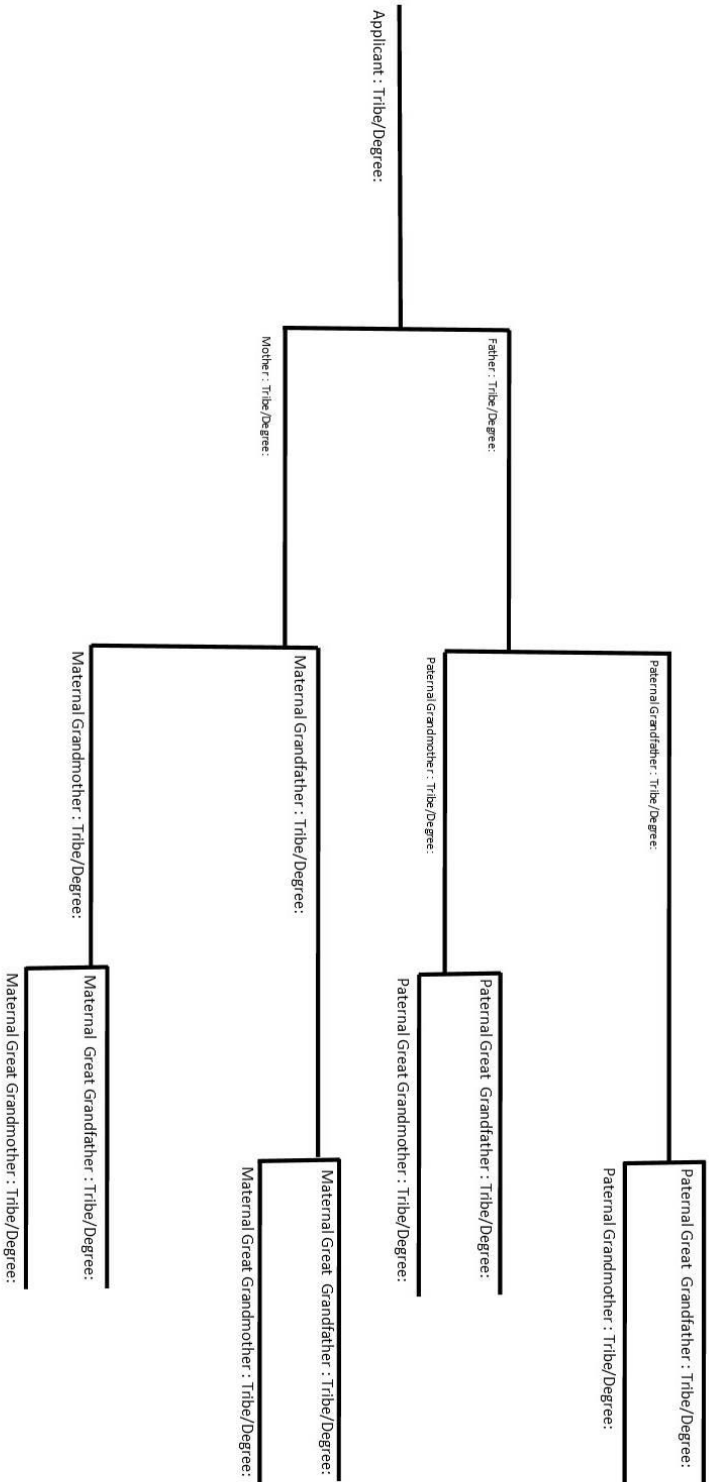
**\*\*Applications are incomplete without a birth certificate\*\***

Name				
Date of Birth				
Social Security Number				
Permanent Address (PO Box, City, State, Zip)				
Degree of Indian Blood				
Phone Number				
Tribe Affiliation				
Clan				
Applicant	Self	Parent	Guardian	Other
Name				
OVK Enrollment Number				
Signature				

Received date	
Received by	
Processed date	

**Organized Village of Kake**

**Family Tree**



Please complete as much  
as possible. Gunalchéesh!