

Chalon Indian Council of Bakersfield  
P.O. Box 902, Bakersfield, CA 93302-0902

**Chalon Indian Nation**  
**Application for Tribal Enrollment**

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Include maiden name if applicable)

Former Name(s) [if legally changed] \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City and State \_\_\_\_\_

Current Address \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

Phone/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Roll or Enrollment Number: BIA Tribal \_\_\_\_\_

Father's Name \_\_\_\_\_ Tribe(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Tribe(s) \_\_\_\_\_  
(Include maiden name)

Spouse's Name \_\_\_\_\_ Tribe(s) \_\_\_\_\_  
(Include maiden name if applicable)

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
City and State \_\_\_\_\_

**Please include the following materials (*originals or high-quality copies*):**

**Applicant's Birth Certificate (required)**

DMV License, DMV ID card, or U.S. Passport (required)

BIA Card, California Judgment Document, Tribal Enrollment Proclamation (if available)

Ancestral Chart (required) {Must use the official tribal form; substitutions will not be accepted}

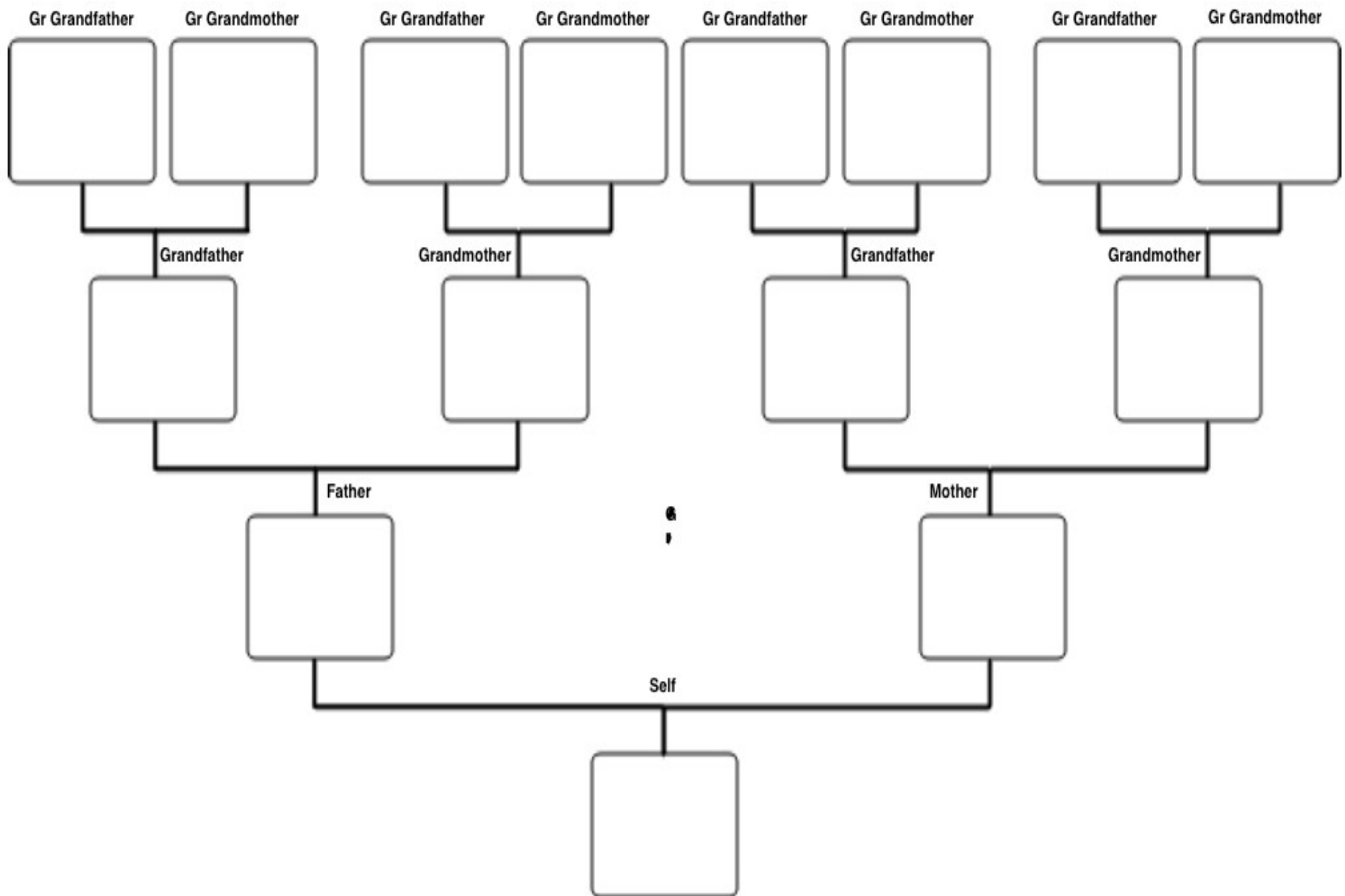
Supporting Documentation (optional)

**Notice: Any and all documents submitted become solely the property of the Chalon Tribe.**

**Four Generation Family Tree** (only three generations are required with this application)

Please list full names to include the maiden name of each female ancestor if known. List birth, death, and marriage dates if known. Write on the back side if needed.

**Four Generation Family Tree** (only three generations are required with this application)



Please list full names to include the maiden name of each female ancestor if known. List birth, death, and marriage dates if known. Write on the back side if needed.