

REQUEST FOR DESCENDANCY CERTIFICATION

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name & DOB of Enrolled Ancestor: _____

Please certify the degree of Indian blood for the individuals listed below:

Individuals needing their degree certified must submit a copy of their state certified birth certificate that includes the parents' names and the mother's maiden name.

Date: _____ Signature: _____

**Mailing Address:
Turtle Mountain Agency
Attn: Enrollment Office
PO Box 60
Belcourt, ND 58316
Phone: 701-477-6141
Fax: 701-477-9747**