



California Valley Miwok Tribe

TRIBAL ENROLLMENT APPLICATION CHECKLIST

(Note: Make sure all boxes are checked that are required. Additional Supporting Documents include any linking family birth certificates, death certificates, DNA testing results, etc.)

Check Box	Name of the Documents Needed:
☐	Official California Valley Miwok Tribe Tribal Enrollment Application (Completely filled out from your Miwok Ancestral side) (Included)
☐	Release of Records (Included)
☐	Original Birth Certificate (Required)
☐	Additional Supporting Ancestral Documents (Linking you to your relative from the 1929 Census)
☐	DNA Results (If Applicable)
☐	Any other relevant documents needed by the tribe (Such as name change docs)

If there are any questions concerning your application feel free to reach out to Enrollment@cvmt-nsn.gov and they can assist with any questions, comments, and concerns.



California Valley Miwok Tribe

TRIBAL ENROLLMENT APPLICATION Open Enrollment Period October 1-31, 2026

Legal Name

Last

First

Middle

Maiden / all aliases

Date of Birth

Sex

☐

Male

☐

Female

Marital Status

Address

City

State

Zip

County

Country

Preferred Phone Number

Email

Certification I certify that for whom this application is being made, that all the information provided is true and correct. It is further understood that false information may invalidate my enrollment with the California Valley Miwok Tribe.

Were you adopted?

☐

Yes

☐

No

Adoptive Parents Names:

Are you currently or have you ever been a member of another tribe?

☐

Yes

☐

No

If yes, what is the name of the Tribe

If the applicant is/has been a member of another tribe, he/she must have relinquished that membership before an application of membership into the California Valley Miwok Tribe can be processed. Dual enrollment is prohibited under the California Valley Miwok Tribe Constitution: "No member of the California Valley Miwok Tribe may hold membership in any other Indian Tribe."

NOTE: As of October 1, 2025, Genetic Testing (DNA Testing) will be required to establish eligibility for enrollment per Section 21 of the Enrollment Ordinance of the California Valley Miwok Tribe.

In executing the foregoing application, I agree to the obligations of tribal membership, and I consent to the authority and jurisdiction of the laws and the government of the California Valley Miwok Tribe.

Signature

Date

Print name of person who signed application

☐

Applicant

(Not to be signed by minor child)

☐

Parent

☐

Grandparent

☐

Legal Guardian

(Must have legal guardianship)



California Valley Miwok Tribe

Tribal Ancestry Information

INSTRUCTIONS:

Please complete the below family information for your Miwuk ancestry only.

Please include all maiden names and all aliases for each person listed below.

Applicant Name: _____	Applicant's Sibling's Names: _____	Miwuk Yes/No
Mother: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N
Father: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N
Grandmother/s: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N
Grandfather/s: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N
Great Grandmother/s: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N
Great Grandfather/s: Miwuk ☐ yes ☐ no _____	_____	☐ Y ☐ N

Children:		
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no

Grandchildren:		
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no

Great-Grandchildren:		
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no
_____ ☐ yes ☐ no	_____ ☐ yes ☐ no	_____ ☐ yes ☐ no



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Family Ancestry Chart

Applicant	Parents	Grandparents	Great-Grandparents
Applicant's Name: <i>(all names applicant is/has been known by)</i> 	Father's Name: Tribe: Roll No: DOB: Dec./Yr:	Paternal Grandfather's Name: Tribe: Roll No: DOB: Dec./Yr:	Paternal Great Grandfather: Tribe: Roll: DOB: Dec./Yr:
Requester's Address (incl. Zip): 			Paternal Great Grandmother: Tribe: Roll: DOB: Dec./Yr:
Applicant's Date of Birth: 		Paternal Grandmother's Name: Tribe: Roll No: DOB: Dec./Yr:	Paternal Great Grandfather: Tribe: Roll: DOB: Dec./Yr:
Applicant's Place of Birth: 			Paternal Great Grandmother: Tribe: Roll: DOB: Dec./Yr:
Is Applicant Adopted? ☐ Yes ☐ No			
Are Applicant's Parents Adopted? ☐ Yes ☐ No			
If Yes, natural (birth) parents (if known): 			
Tribe(s) applicant is enrolled: 	Mother's Name: Tribe: Roll No: DOB: Dec./Yr:	Maternal Grandfather's Name: Tribe: Roll No: DOB: Dec./Yr:	Maternal Great Grandfather: Tribe: Roll: DOB: Dec./Yr:
Roll No:		Maternal Grandmother's Name: Tribe: Roll No: DOB: Dec./Yr:	Maternal Great Grandmother: Tribe: Roll: DOB: Dec./Yr:
			Maternal Great Grandfather: Tribe: Roll: DOB: Dec./Yr:
			Maternal Great Grandmother: Tribe: Roll: DOB: Dec./Yr:



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Continued... (This Page is Not Required for a Complete Application)

Requester's Name: _____

Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____
Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____
Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____
Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____
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Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____	Relationship / Name: _____ Tribe: _____ Roll No: _____ DOB: _____ Deceased/Year: _____