SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

Sherwood Valley Band of Pomo Indians Membership Application
Instructions Open enrollment is August 1 – November 1, 2026

☐ **Application** – Completely filled out, signed, and dated.

☐ **Family Tree** – Filled out to the best of the applicant/parent/custodian knowledge.

☐ **Original Certified Birth Certificate** – Photocopies and Hospital Certificates/Records, Baptismal records will **NOT** be accepted. Enrollment Department will retain all original documentation. Birth records will **NOT** be returned if the applicant is approved.

☐ **Copy of Social Security Card** – Photocopy of original card. Receipts or written number **NOT** accepted.

☐ **Proof of Lineal Descendancy** – Name and submit **any/all** supporting documentation that proves applicant's relation to the Base Roll Member and the current Tribal Member (e.g. Certified Birth Certificates, Certified Death Certificates, DNA results mailed directly to the Tribe, etc.).

☐ **Certified Degree of Indian Blood (CDIB) (if applicable)** – If either parent is a member of a tribe other than Sherwood Valley Band of Pomo Indians (SVBPI), a Certificate of Indian Blood from their membership office or from the Bureau of Indian Affairs is required with the application. Tribal ID cards/BIA 4432 are **NOT** acceptable. If the applicant is mailing a new CDIB application to the Bureau of Indian Affairs, a Release of Information for SVBPI Enrollment Department must be signed.

☐**Verification of Non-Enrollment (if applicable)** – If either parent is a member of a tribe other than the Sherwood Valley Band of Pomo Indians, verification will be required from the other Tribe's membership office stating the applicant is not enrolled nor has applied for enrollment.

☐**Court Order(s) (if applicable)** – Any court order(s) pertaining to name changes, adoptions, custody, etc., must be attached. Notarized Custody Agreements are **NOT** accepted, it must be court issued and signed by a Judge of Applicable Jurisdiction.

Applicants OVER age 18 must sign and submit their own application/documents unless there is a court order submitted with the application naming a guardian or notarized Power of Attorney.

The Burden of Proof is always on the applicant/parent/custodian to provide documentation to the Enrollment Office and Committee.

****Incomplete applications will be returned. Enrollment does NOT accept faxed or emailed applications without proof of identity (photocopy of State issued ID or notarized statement).****

Mail originals to: Enrollment Department, 190 Sherwood Hill Dr., Willits, CA 95490

FOR OFFICE USE ONLY

State Certified Birth Certificate	**___ Yes**	**___ No**	
Social Security Card Copy	**___ Yes**	**___ No**	
Verification of Non-Enrollment	**___ Yes**	**___ No**	**___ N/A**
Parent Certificate of Indian Blood	**___ Yes**	**___ No**	**___ N/A**
Court Order(s)	**___ Yes**	**___ No**	**___ N/A**

Applicant's Name: _____
Application #: _____
Date Received: _____
Processed By: _____
Enrollment Date: _____ **Resolution Number:** _____

190 Sherwood Hill Drive • Willits, California 95490
(707) 459-9690 • Fax (707) 459-6936

SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____
Gender: _____ Date of Birth (MMDDYYYY): _____ Social Security No: _____
City of Birth: _____ Name of Hospital: _____

Applicant's MAILING Address: _____
City: _____ State: _____ Zip Code: _____
Applicant's PHYSICAL Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Has the applicant ever been adopted? ☐ Yes ☐ No

Base Roll member you are a lineal descendant of: _____

Tribal Member you are a lineal descendant of: _____

Has the applicant **EVER** been an enrolled member or applied for membership of **ANY** other Indian Tribe?
☐ Yes ☐ No

If yes, which Tribe? _____ Blood Degree: _____

SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

BIOLOGICAL MOTHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____
Gender: _____ Date of Birth (MMDDYYYY): _____ Social Security No: _____
City of Birth: _____ Name of Hospital: _____

Mother's MAILING Address: _____
City: _____ State: _____ Zip Code: _____
Mother's PHYSICAL Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Has the applicant ever been adopted? ☐ Yes ☐ No

Has the applicant **EVER** been an enrolled member or applied for membership of **ANY** other Indian Tribe?
☐ Yes ☐ No

If yes, which Tribe? _____ Blood Degree: _____

SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

BIOLOGICAL FATHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names Used: _____
Gender: _____ Date of Birth (MMDDYYYY): _____ Social Security No:_____
City of Birth: _____ Name of Hospital: _____

Father's MAILING Address: _____
City: _____ State: _____Zip Code: _____
Father's PHYSICAL Address: _____
City: _____ State: _____Zip Code: _____
Home Phone: _____Cell Phone: _____ Email: _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Has the applicant ever been adopted? ☐ Yes ☐ No

Has the applicant **EVER** been an enrolled member or applied for membership of **ANY** other Indian Tribe?
☐ Yes ☐ No

If yes, which Tribe? _____ Blood Degree: _____

SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

Signature Page

I, the undersigned, do declare under penalty of perjury that all statements contained in this membership application and any/all accompanying documents are ture and correct, with full knowledge that any/all statements made herin are subject to investigation and that ay false or dishonest answer(s) may be grounds for denial or subsequent disenrollment from the Sherwood Valley Band of Pomo Indians pursuant to the Constitution and Bylaws of the Sherwood Valley Band of Pomo Indians.

Mother/Legal Guardian Printed Name	Father/Legal Guardian Printed Name
Mother/Legal Guardian Signature	Father/Legal Guardian Signature
Date	Date

Applicants OVER Age 18

Printed Name

Signature

Date

SHERWOOD VALLEY BAND OF POMO INDIANS

Office of Tribal Enrollment

Verification of Non-Enrollment/Dual Enrollment Request

Applicant Name: Tribe(s):	DOB:
Mother's Name: Tribe(s):	DOB:
Father's Name: Tribe(s):	DOB:

*Notes:

Enrollment Officer please answer the following and return to our office.

1. Is the above listed applicant a member of your tribe? ☐Yes ☐No
2. Has the above listed applicant filed an application with your tribe? ☐Yes ☐No
3. Has the above listed applicant been relinquished from your tribe? ☐Yes ☐No ☐NA
4. Has the above listed applicant ever received any benefits in the form of land or payments from your tribe? ☐Yes ☐No ☐NA
5. Is the above listed applicant's mother a member of your tribe? ☐Yes ☐No
6. Is the above listed applicant's father a member of your tribe? ☐Yes ☐No

Certified on behalf of the: _____
Tribe Name

Name: _____ | _____
Signature *Printed Name*

Title: _____ Date: _____

When completed please return via fax: (707) 459-6936 or e-mail: enrollment@sherwoodband.com

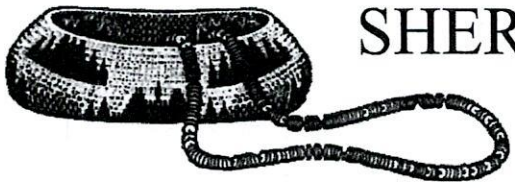
If applicable, please send the CDIB/CIB of any of the above listed individual(s) whom are members of your tribe to our Enrollment Office. Thank you.

190 Sherwood Hill Drive • Willits, California 95490
(707) 459-9690 • Fax (707) 459-6936

SHERWOOD VALLEY BAND OF POMO INDIANS ENROLLMENT DEPARTMENT

Family Tree Chart for:_____

Applicant	**Father**	**Grandfather**	**Great Grandfather**
			Tribe & Degree
			Great Grandmother
			Tribe & Degree
		Tribe & Degree	**Great Grandfather**
			Tribe & Degree
		Grandmother	**Great Grandfather**
			Tribe & Degree
		Tribe & Degree	**Great Grandmother**
			Tribe & Degree
Tribe & Degree			**Great Grandfather**
			Tribe & Degree
Tribe & Degree		**Grandfather**	**Great Grandfather**
			Tribe & Degree
			Great Grandmother
Tribe & Degree		Tribe & Degree	**Great Grandfather**
	Mother		Tribe & Degree
			Great Grandfather
	Tribe & Degree		Tribe & Degree
		Grandmother	**Great Grandfather**
	Tribe & Degree		Tribe & Degree
		Tribe & Degree	**Great Grandmother**
			Tribe & Degree
		Tribe & Degree	**Great Grandfather**
			Tribe & Degree
		Great Grandmother	**Great Grandmother**



SHERWOOD VALLEY BAND OF POMO INDIANS

RELEASE OF INFORMATION

APPLICANT'S NAME	APPLICANT'S BIRTHDATE

I, _____, do hereby authorize and
(PRINT NAME)
request the BUREAU OF INDIAN AFFAIRS to release to SHERWOOD VALLEY RANCHERIA BAND OF POMO INDIANS, ENROLLMENT OFFICE any and all records, reports, charts, notes, etc., concerning the enrollment and familial records of the above-named applicant.

The disclosure of this information is required for the investigation and pursuit of administrative action in matters concerning tribal enrollment with the SHERWOOD VALLEY RANCHERIA BAND OF POMO INDIANS.

This authorization expires on _____, or twelve (12) months from the date of
(DATE)
signature, whichever is sooner.

Photocopies of this authorization shall be considered as valid as an original. I understand that I may receive copy of this authorization.

_____

SIGNATURE OF APPLICANT

_____

DATE

CHECK ONE: ☐APPLICANT ☐PARENT ☐LEGAL GUARDIAN ☐AUTHORIZED REPRESENTATIVE

190 Sherwood Hill Drive • Willits, California 95490
(707) 459-9690 • Fax (707) 4759-6936

OMB Control No. 1076-0153
Expiration Date: 04/30/2029

BUREAU OF INDIAN AFFAIRS
CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD
INSTRUCTIONS

All portions of the Request for Certificate of Degree of Indian or Alaska Native Blood (CDIB) must be completed. You must show your relationship to an enrolled member(s) of a federally recognized Indian tribe, whether it is through your birth mother or birth father, or both. A federally recognized Indian tribe means an Indian or Alaska Native tribe, band, nation, pueblo, village, or community which appears on the list of recognized tribes published in the Federal Register by the Secretary of the Interior (25 U.S.C. § 479a-1(a)).

- Your degree of Indian blood is computed from lineal ancestors of Indian blood who were enrolled with a federally recognized Indian tribe or whose names appear on the designated base rolls of a federally recognized Indian tribe.

- You must give the maiden names of all women listed on the Request for CDIB, unless they were enrolled by their married names.

- A Certified Copy of a Birth Certificate is required to establish your relationship to a parent(s) enrolled with a federally recognized Indian tribe(s).

- If your parent is not enrolled with a federally recognized Indian tribe, a Certified Copy of your parent's Birth or Death Certificate is required to establish your parent's relationship to an enrolled member of a federally recognized Indian tribe(s). If your grandparent(s) were not enrolled members of a federally recognized Indian tribe(s), a Certified Copy of the Birth or Death Certificate for each grandparent who was the child of an enrolled member of a federally recognized Indian tribe is required.

- Certified copies of Birth Certificates, Delayed Birth Certificates, and Death Certificates may be obtained from the State Department of Health or Bureau of Vital Statistics in the State where the person was born or died.

- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.

- **Please return your request and supporting documents to the Agency from whom you receive services.** Incomplete requests will be returned with a request for further information. No action will be taken until the request is complete.

BUREAU OF INDIAN AFFAIRS
REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD

Requester's Name (list all names by which Requester is or has been known):	**Requester's Address (including zip code):**	Date Received by Bureau of Indian Affairs:

Requester's Date of Birth: Requester's Place of Birth: Is Requester Adopted? ☐ Yes ☐ No Are Requester's Parents Adopted? ☐ Yes ☐ No If Yes, list natural (birth) parents: (If known) Tribe(s) with which Requester is enrolled: Roll Nos:	Father's name: Tribe: Roll No.: DOB: Deceased ☐ Yes ☐ No Year____ Mother's Name: Tribe: Roll No.: DOB: Deceased ☐ Yes ☐ No Year____	Paternal Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Paternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____	Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____ Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year____ Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year____

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

All BIA Agency Offices are listed in the Tribal Leaders Directory.

If you need help with locating the BIA AGENCY FROM WHOM YOU RECEIVE SERVICES, please contact the Office of Indian Services at 202-513-7640.

NOTICES AND CERTIFICATION

NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.

- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures.

PAPERWORK REDUCTION ACT STATEMENT

The information collection requirement contained in 25 CFR § 70.11 and this request have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the burden imposed by the form, please send them to the Information Collection Clearance Officer, Office of Regulatory Affairs and Collaborative Action, Office of the Assistant Secretary - Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. DO NOT SUBMIT YOUR CDIB REQUEST TO THIS ADDRESS; you should instead submit your CDIB request to the BIA Agency from whom you receive services. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

PRIVACY ACT STATEMENT.

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. Pursuant to system of record notice, Tribal Rolls, Interior, BIA-7 (42 FR 19038), the Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive Federal program services.

NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

_____ _____

(Requester's signature) (date)

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES