



**THREE AFFILIATED TRIBES
FISH & WILDLIFE DIVISION**
PO Box 1402
New Town, ND 58763
Phone: (701) 627-4760
Fax: (701) 627-4743

Spouse of Enrolled Member - Application of Status Change

Spouse of Enrolled Member shall hereby be defined as an individual who is not an enrolled member of the Three Affiliated Tribes but is legally married to an enrolled member of the Three Affiliated Tribes.

PROOF OF LEGAL MARRIAGE IS REQUIRED – Along with this application, a certified copy of marriage record will be required for submittal to be approved for Spouse of Enrolled Member status.

Please print

<i>This section is to be filled out by the Non-Member Spouse applying for status change:</i>						
NAME FIRST MI LAST			SUFFIX:(<i>Jr., Sr., ect.</i>)		TELEPHONE	
MAILING ADDRESS			CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS IF YOU HAVE A PO BOX			CITY	STATE	ZIP CODE	
COUNTY		ENROLLMENT NUMBER & TRIBAL AFFILIATION (<i>if enrolled in a different federally recognized tribe</i>)				
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HEIGHT Feet Inches	WEIGHT Lbs.	DATE OF BIRTH MM/DD/YYYY	EYE COLOR (CIRCLE ONE) BLUE BROWN GREEN HAZEL OTHER	HAIR COLOR (CIRCLE ONE) BLACK BROWN BLONDE GRAY RED SILVER OTHER	
DRIVER'S LICENSE/ID NO.	STATE & DATE ISSUED		EMAIL			
HUNTER EDUCATION REQUIREMENT: Any hunter born after December 31, 1961 must submit with this hunting application a copy of their certification verifying that he/she has completed a course in hunter education from any tribe, state, or province.						
I, the undersigned, do hereby agree that I am currently legally married to a TAT enrolled member and all information is true and accurate.						
Signature:				Date:		
<i>This section is to be filled out by the TAT Enrolled Member:</i>						
NAME FIRST MI LAST			SUFFIX:(<i>Jr., Sr., ect.</i>)		TELEPHONE	
MAILING ADDRESS			CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS IF YOU HAVE A PO BOX			CITY	STATE	ZIP CODE	
COUNTY		ENROLLMENT NUMBER				
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HEIGHT Feet Inches	WEIGHT Lbs.	DATE OF BIRTH MM/DD/YYYY	EYE COLOR (CIRCLE ONE) BLUE BROWN GREEN HAZEL OTHER	HAIR COLOR (CIRCLE ONE) BLACK BROWN BLONDE GRAY RED SILVER OTHER	
I, the undersigned, do hereby agree that all information is true and accurate.						
Signature:				Date:		
<i>Department Use Only:</i>						
Marriage Date:	Marriage Location (City, State, County):		Checklist: <input type="checkbox"/> Application Fully Completed <input type="checkbox"/> Hunter Education Certification <input type="checkbox"/> Copy of Marriage Certificate		The above applicant is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Licensing Agent Signature:				Date of Approval:		