



**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

(Approval to enroll deceased infant, Myeisha Saini Ivins)

WHEREAS, pursuant to Article IV, Section 1(a) of the Constitution of the White Mountain Apache Tribe, *inter alia*, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and

WHEREAS, the Tribal Council has been informed that Myeisha Saini Ivins, has expired; and

WHEREAS, the child was not yet enrolled with the White Mountain Apache Tribe; and

WHEREAS, the child qualifies for membership pursuant to the Enrollment Code and the Tribal Constitution; and

WHEREAS, the parents, Michael and Nayda R. Ivins, are requesting approval to enroll their child to become eligible for funeral and burial expenses.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby grants tribal membership for Myeisha Saini Ivins.

The foregoing resolution was on August 22, 2007, duly adopted by a vote of TEN for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), (s), (t) and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).

A handwritten signature in black ink, appearing to be "H. S. ...", written over a horizontal line.

Chairman of the Tribal Council

A handwritten signature in black ink, appearing to be "Andy R. Hawkey", written over a horizontal line.

Secretary of the Tribal Council



**WHITE MOUNTAIN APACHE TRIBE
OFFICE OF VITAL RECORDS**

ENROLLMENT APPLICATION

Application # _____
Date _____

CERTIFICATION

I hereby certify that Myeisha Saini Ivins,
IS/IS NOT an adopted child and is a member of the White Mountain Apache
Tribe by a direct descendent by blood.

NAME Myeisha Saini Ivins SS# _____ SEX F
BIRTH DATE 08-15-07 BIRTH PLACE PHOENIX ARIZONA
WMA BLOOD 4/4 OTHER _____ TOTAL _____

Is applicant enrolled with another Tribe? If yes, name of Tribe NO
Has applicant received any
claims from any other Tribe? If yes, name of Tribe NO

TRACE ANCESTRY

FATHER Michael L. Ivins WMA BLOOD 4/4 OTHER _____
CLAN EAGLE Enrolled with another Tribe? NO
If so, name of Tribe _____
FATHER'S FATHER CECIL IVINS
FATHER'S MOTHER (include maiden name) Myrtle Ivins (Wool)

MOTHER Nayda R. Ivins WMA BLOOD 4/4 OTHER _____
CLAN Eagle Enrolled with another Tribe? NO
Tribe? If so, name of Tribe _____
MOTHER'S FATHER Alexander Tessay
MOTHER'S MOTHER (include maiden name) Emma Tessay (May)

NAME Nayda Ivins
ADDRESS PO BOX 80157
Cibecue, AZ 85911
Relationship to applicant Mother
Signature Nayda Ivins

****For Office Use Only****
Resolution Date _____
Resolution No. _____

**(APPLICATION NOT ACCEPTED UNLESS FULLY COMPLETED)
THANK YOU**

314

00107-071586

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

BIRTH NO.

FACILITY NO.

1. CHILD'S NAME A. FIRST MYEISHA		B. MIDDLE SAINI	C. LAST IVINS		
2. SEX FEMALE	3A. PLURALITY (SPECIFY) 1	3B. IF MULTIPLE BIRTH (SPECIFY)		4A. DATE OF BIRTH (MONTH, DAY, YEAR) AUGUST 15, 2007	
4B. HOUR OF BIRTH 04:23 PM		5. PLACE OF BIRTH A. COUNTY MARICOPA		B. TOWN OR CITY PHOENIX	
5C. PLACE OF BIRTH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> FREE-STANDING BIRTHING CENTER <input type="checkbox"/> RESIDENCE			D. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) BANNER GOOD SAMARITAN MEDICAL CENTER		
E. <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> OTHER (SPECIFY)					
6. FATHER'S A. FIRST MICHAEL			B. MIDDLE LYNDON	C. LAST IVINS	
7. DATE OF BIRTH (MONTH, DAY, YEAR) August 8, 1961			8. PLACE OF BIRTH (STATE OR COUNTRY) ARIZONA		
9. MOTHER'S A. FIRST MAIDEN NAME NAYDA			B. MIDDLE ROSE	C. LAST TESSAY	
10. DATE OF BIRTH (MONTH, DAY, YEAR) June 17, 1961			11. PLACE OF BIRTH (STATE OR COUNTRY) ARIZONA		
12. MOTHER'S USUAL RESIDENCE A. STATE ARIZONA		B. COUNTY NAVAJO		C. TOWN OR CITY CIBECUE	
D. ZIP 85911					
12E. STREET ADDRESS OR R.F.D. 110 N ANOTHER WORLD DR # 72		12F. IN CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13. MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM ITEM 12) PO BOX 80157 CIBECUE, ARIZONA 85911		

NOT AN OFFICIAL COPY

This certifies that A Social Security Card was requested for the above named child.

Initial MI Date 8/16