



**NORTHERN CHEROKEE NATION OF THE
OLD LOUISIANA TERRITORY
APPLICATION FOR TRIBAL ENROLLMENT**

Complete both sides (please print) and return application with a self-addressed, stamped, envelope AND a copy of your Birth Certificate to: **Northern Cherokee Nation of the Old Louisiana Territory** - PMB242, 3305 Clark Lane, Columbia, MO 65202.
AN ENROLLMENT FEE OF \$30 for each applicant over 18 is requested.

NAME: _____		MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
MAIDEN and/or INDIAN or other name by which you are known: _____		
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	
TELEPHONE: () _____	SOCIAL SECURITY NO: _____	
ADDRESS: _____		
EMAIL ADDRESS: _____		
YOUR DEGREE OF OLD LOUISIANA CHEROKEE BLOOD (If Known)		
GIVE NAME(S) OF OLD LOUISIANA CHEROKEE ANCESTOR(S) THROUGH WHOM ELIGIBILITY FOR ENROLLMENT IS CLAIMED (This person(s) must have been considered a part of the historical tribe (Northern Nation of the Old Louisiana Territory) and you must prove lineal descent from this person or persons.)		
WHAT IS THE BLOOD RELATIONSHIP OF THE ABOVE INDIVIDUAL(S) TO YOU?		
DO YOU POSSESS INDIAN BLOOD OF ANOTHER TRIBE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES – NAME OF OTHER TRIBE: _____	DEGREE OF OTHER INDIAN BLOOD: _____	
ARE YOU ENROLLED WITH ANOTHER TRIBE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES – HAVE YOU RECEIVED BENEFITS IN LAND OR MONEY BY VIRTUE OF SUCH ENROLLMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IN WHICH AREA DID YOUR OLD LOUISIANA CHEROKEE ANCESTOR RESIDE?		
MO <input type="checkbox"/> N/CENT. MO <input type="checkbox"/> S/E MO <input type="checkbox"/> S/W MO <input type="checkbox"/> N/E AR <input type="checkbox"/> N/CNT. AR <input type="checkbox"/> OTHER		
NAME OF APPLICANT'S SPOUSE: _____		
NAME OF TRIBE & DEGREE OF INDIAN BLOOD OF APPLICANT'S SPOUSE: _____		
APPLICANT'S ELIGIBLE CHILDREN: (A SEPARATE APPLICATION MUST BE FILED FOR EACH CHILD TO BECOME ENROLLED AS A MEMBER OF THE TRIBE)		
SIGNATURE OF APPLICANT: _____		DATE: _____
(Minor child must be signed for by an adult. If done by other than the legal guardian, that individual must sign his/her name and then the minor applicant's name.)		
NAME OF RELATIVE ENROLLED WITH OUR NATION: _____		
ROLL NUMBER: _____		
(If you are not related to member(s) of our nation, it will help our search for you to submit a list of names of brothers and sisters of your Cherokee ancestors who were 21 years of age or older in 1908.)		

*****DO NOT WRITE BELOW THIS LINE*****

APPLICANT ACCEPTED: APPLICANT DENIED: PENDING ADDITIONAL INFO:
 ROLL NO: _____ ENROLLMENT COMM. SIGNATURE: _____

COMMENTS: _____

NOTE: 1) USE FULL LEGAL NAMES. 2) ENCLOSE A COPY OF YOUR BIRTH CERTIFICATE. 3) ENCLOSE COPIES OF BIRTH OR DEATH CERTIFICATES OF FORBEARS TO ESTABLISH A DIRECT LINE TO CHEROKEE ANCESTOR(S) ALIVE IN THE LAST HALF OF THE 1800s.

YOUR NAME:

BCRN _____
 WHERE _____
 WHEN MARRIED _____
 WHERE _____

YOUR SPOUSE

OF CHEROKEE BLOOD?
 YES _____
 NO _____

MEMBER OF WHICH
 TRIBE: _____

YOUR FATHER:

2. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

YOUR FATHER'S FATHER:

4. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

YOUR FATHER'S MOTHER:

5. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

YOUR MOTHER:

3. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

YOUR MOTHER'S FATHER:

6. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

YOUR MOTHER'S MOTHER:

7. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____
 TRIBE: _____

8. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____
 WHERE _____

9. BORN _____
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 WHEN MARRIED _____
 DIED _____
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10. BORN _____
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 WHEN MARRIED _____
 DIED _____
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11. BORN _____
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 DIED _____
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12. BORN _____
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 WHEN MARRIED _____
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13. BORN _____
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14. BORN _____
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 WHEN MARRIED _____
 DIED _____
 WHERE _____

15. BORN _____
 WHERE _____
 WHEN MARRIED _____
 DIED _____

16. _____

17. _____

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22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

4) ATTACH ALL DOCUMENTS OF PROOF.
 5) ENCLOSE A STAMPED SELF ADDRESSED ENVELOPE
 6) AN ENROLLMENT FEE OF \$30 FOR EACH HEAD OF HOUSEHOLD AND EACH APPLICANT 18 OR OVER IS REQUESTED

