



TRIBAL MEMBER RE-CERTIFICATION FORM

FAILURE TO COMPLETE THE FRONT & BACK OF THIS FORM COULD DELAY YOUR RECERTIFICATION

Check all that apply: Updating Emergency Services Energy Assistance Education (CIB) Housing

Date: _____ Enrollment #: _____ Chart #: _____

Your Full Name: _____ Maiden Name: _____

Gender: Male Female Head of Household: Yes No Retired/Active Military: Yes No

Marital Status: Single Married Divorced Separated Widowed Domestic Partner

Mailing Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Street Address (If different from Mailing Address): _____

City: _____ State: _____ Zip: _____

Residing County: _____ Phone Number: _____

Birth Date: _____ County/State of Birth: _____

Lumbee Tribal Voting District: _____ S. S. #: _____

Spouse(s): Name, Marriage Date, County and State of Marriage:

Marriage	Name of Spouse	Marriage Date	County/State of Marriage	Lumbee	Birth Date of Spouse	Member of Another Tribe
1 st				YES / NO		YES / NO If yes list Tribe:
2 nd				YES / NO		YES / NO If yes list Tribe:
3 rd				YES / NO		YES / NO If yes list Tribe:

Child(ren): Please list all names of your child(ren) under 18 who live in your household.

Adopted	Name of Child	Birth Date	County/State of Birth	Social Security #	Other Parent	If Enrolled, Enrollment #
YES / NO						
YES / NO						
YES / NO						
YES / NO						

Name of School(s): Please list Elementary, High Schools, and Universities attended [Sec. 5 (c1)]

School(s) / City / State	Dates Attended / Graduated	Diploma/Degree

PLEASE TURN OVER, COMPLETE BACK SIDE AND SIGN

Name of Home Church: _____

IF YOU DO NOT LIVE IN TRIBAL TERRITORY (ROBESON, SCOTLAND, CUMBERLAND, OR HOKE COUNTIES) PLEASE FILL OUT THIS SECTION BELOW:

List the name(s) of the church(s) you usually visit while here or your family church: [Sec. 5 (c2)(d2)]

Date of Leaving Territory: _____

Reason: _____

DECEASED MEMBERS

If you have a deceased parent, child(ren), brother's, sister's, grandparents, grandchildren or a deceased spouse that may have been enrolled, please list below.

<u>Full Name of Deceased</u>	<u>Date of Birth</u>	<u>Date of Death</u>	<u>County/State of Death</u>	<u>Cemetery</u>	<u>Your Relationship to Deceased</u>	<u>Age Deceased was at time of Death</u>

As a member of the Lumbee Tribe, you are entitled to vote in tribal elections (adults 18+). If you live outside the tribal territory (Robeson, Scotland, Hoke, and Cumberland Counties) in NC, you must declare a voting district for purpose of tribal voting. The district you select is a permanent designation and should include the community where you or your ancestors grew up, or the community you consider "home" inside the territory. Select **one** district and **one** precinct from the list below with an **X**.

- District 1:** ___Gaddy ___Rowland ___Orrum ___Sterlings ___Whitehouse ___Thompson
District 2: ___Back Swamp ___Fairmont ___Smyrna
District 3: ___Lumberton ___West Howellsville
District 4: ___Red Springs ___Philadelphus
District 5: ___Oxendine ___Prospect
District 6: ___Raft Swamp ___North Pembroke
District 7: ___South Pembroke ___Union
District 8: ___Burnt Swamp
District 9: ___Saddletree
District 10: ___Shannon ___Rennert ___South St. Pauls
District 11: ___Hoke County
District 12: ___Scotland County ___Maxton ___Alfordsville
District 13: ___Cumberland County ___Parkton ___Lumber Bridge ___North St. Pauls
District 14: ___East Howellsville ___Wisharts ___Britts

I live outside of the tribal territory and have been advised that my voting selection is a permanent designation, unless I move within the tribal territory. At that point, it will change to my residing precinct. **INITIAL HERE** _____

CONSENT AGREEMENT TO RE-CERTIFY MYSELF AND CHILDREN UNDER THE AGE OF 18. *I affirm that I, and minor children indicated, are not enrolled with any other tribe. I understand that any falsification of the Lumbee Tribal Re-certification Form may result in rejection or revocation of tribal membership with the Lumbee Tribe of North Carolina. I attest to the above with my signature on the line below.*

Signature

Date

Tribal Enrollment Representative

Date

OFFICE USE ONLY	
Date Entered: _____	By: _____

Inactive Until: _____

Enrollment #: _____