



TRIBAL MEMBER RE-CERTIFICATION FORM

PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS, FAILURE TO COMPLETE THEM COULD DELAY YOUR RE-CERTIFICATION

- Updating
- Emergency Services
- Energy Assistance
- Education (CIB)
- Housing

1. Please Print your Full Name on line below:				Enrollment #: _____
First Name	Middle Name	Maiden Name (Female)	Last Name	Chart #: _____

2. Mailing Address on line below:				
Address	City	State	Zip	County

3. Street Address (if different from above) on line below:				
Address	City	State	Zip	County

4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

8. Date of Birth: _____	9. Social Security Number: _____	
10. County/State of Birth: _____		11. Phone Numbers: Home: (____) _____, Cell/Other: (____) _____

12. Name of Spouse(s): Beginning with current spouse, answer the questions below.	
Current Spouse's name: _____	Is your spouse Lumbee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Date: _____	County/State of Marriage: _____ Spouse's Date of Birth: _____
Previous Spouse's name: _____	Is your spouse Lumbee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Date: _____	County/State of Marriage: _____ Spouse's Date of Birth: _____

13. Child(ren): Please list all names of your child(ren) under 18 who live in your household.						
Adopted	Name of Child	Date of Birth	County/ State of Birth	Social Security #	Other Parent	If Enrolled, Enrollment #
YES / NO						
YES / NO						
YES / NO						
YES / NO						

14. Name of School(s) and Church(es): Please list Elementary, High Schools, and/or Universities that you or your parents/grandparents attended in the tribal territory [Sec. 5 (c1)]		
Schools / City / State	Dates Attended	Churches / City / State

15. Who are some tribal/community leaders (past or present) that you know of? (i.e. Tribal Chairman, Tribal Council, preachers, teachers, political figures, etc.)

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.

_____ Applicant Signature	_____ Date
_____ Enrollment Representative	_____ Date

OFFICE USE ONLY	Lumbee Tribal Voting District: (Transfer from back side)
Date Entered: _____ By: _____	District #: _____ INIT. _____

Email Address: _____ (if available)

DECEASED MEMBERS

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

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

LUMBEE TRIBAL VOTING DISTRICT

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**.

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

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 _____

Additional Comments or Information, Please Provide below.