



LUMBEE TRIBE OF NORTH CAROLINA

PO Box 2709
Pembroke, NC 28372
(910) 521-2843



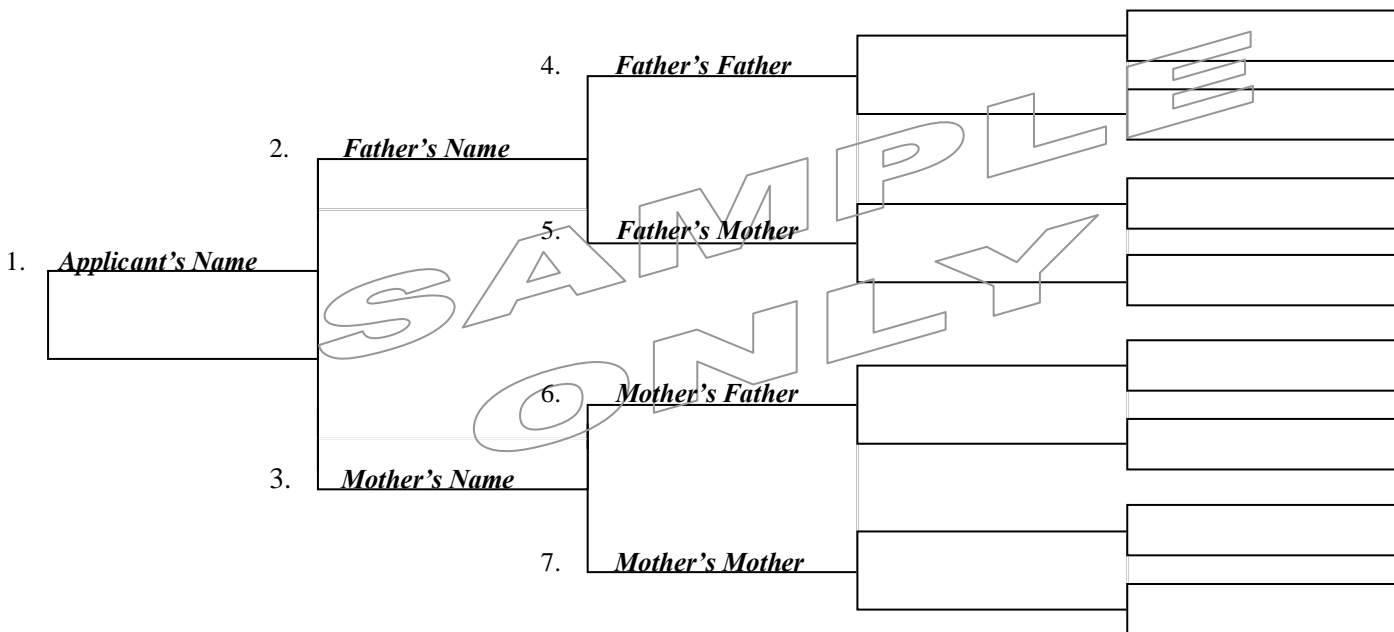
PLEASE READ ALL INSTRUCTIONS BEFORE BEGINNING

INSTRUCTIONS FOR THE APPLICATION FOR ENROLLMENT

- 1. Please print in BLACK ink and complete ALL information.
2. You must be 18 years of age or older to complete this application.
3. If the applicant is adopted or the applicant is enrolling adopted children, please indicate so in check boxes provided and request additional lineage chart.
4. Applicant that is enrolling children under the age of 18 must indicate in the check box provided (if not indicated the children will not be enrolled).
5. Children under the age of 18 do not need to fill out a separate application; they can be enrolled under biological parent(s) application.
6. Applicant must sign under the Adult Consent Agreement section for the application to be processed.

INSTRUCTIONS FOR THE LINEAGE CHART

- 1. Please print in BLACK ink.
2. If the applicant is adopted or the applicant is enrolling adopted children, the applicant must duplicate the lineage chart and complete a chart for Natural Lineage and Adopted Lineage for each adopted individual.
3. Indicate whether the lineage chart is natural lineage or adopted lineage in the check box provided.
4. The applicant (including applicants that are enrolled parents) is required to complete the lineage chart.
5. The LINEAGE CHART has to be extended as far as possible in the following format:



- Please include maiden names in parenthesis, (), for females listed on chart if known.
Add as much information as possible on birth date, county/state of birth, marriage date, death date, county/state of death, burial site, enrollment number, and children for all persons identified on lines 2 through 15. If information is not known, please leave blank.
6. List the name(s) of applicant's spouse(s) from marriage(s) in designated area.
7. List all children with dates of birth in area provided.

UPON COMPLETION OF APPLICATION FOR ENROLLMENT AND LINEAGE CHART

- Applicant must attach CERTIFIED birth certificates (Please, NO mother's copies) or death certificates (does not have to be certified) that list the parents names for the following:
- Applicant
- All children under the age of 18 (if permission is given to enroll them)
- Persons identified as #2-#7 on Lineage Chart (No birth certificates required for Non-Lumbees)
- Birth Certificates must provide name of Lumbee parent(s)
Applicant, and any children getting enrolled, must have a copy of their Social Security Card(s).
Upon completion of application and lineage chart with all birth certificates/death certificates attached, applicant must contact or call the Office of Enrollment to schedule an appointment to meet with a Tribal Enrollment Representative. Applications that are not completed prior to this meeting will not be accepted.
FORMS THAT ARE MAILED OR DROPPED OFF AT OUR OFFICE WITHOUT AN APPOINTMENT WILL BE RETURNED TO THE APPLICANT BY MAIL UNPROCESSED.
During the appointment, if the applicant is eligible for enrollment, a Lumbee Tribal Enrollment (picture identification) Card will be issued to the applicant at a cost of \$5. For children under the age of 18, certification forms of enrollment will be issued unless an enrollment card is requested at a charge of \$5 per child.
Eligible applicants 62 years and above will not be charged for a Lumbee Tribal Enrollment Card.
The Office of Tribal Enrollment is located at 6984 NC Hwy 711 West, Pembroke NC, 28372. For further directions or inquiries you may call (910) 521-2843 or call toll-free 1-888-458-6233 or visit our website at www.lumbee Tribe.com.

TRIBAL ENROLLMENT ORDINANCE CAN BE FOUND ON OUR WEBSITE OR IN THE OFFICE.



APPLICATION FOR ENROLLMENT

(Print in black ink only)

All applicants must present him/herself in person for the purpose of enrollment, except that parent(s) or legal guardian(s) may enroll children under the age of 18 without the child being present.

SECTION I. SELF

Check all that apply (Applicant must be Lumbee by natural (biological) descent):

Date: _____

Applicant is adopted. I am enrolling minor children and myself. **Office Use Only – Reassigning Entity #**

I am enrolling myself only. I am an enrolled parent enrolling minor children. My enrollment /chart # is: _____

Full Name of Applicant: _____ Maiden: _____

Mailing Address (City/State/Zip): _____

Street Address (If different from mailing address, City/State/Zip): _____

County of Residence: _____ E-Mail Address: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____ County/State of Birth: _____

Social Security #: _____ Lumbee Tribal Voting District: _____

Home Church (if living **outside** of Territory, list the one(s) you visit while here) [Sec. 5(c2)(d2)]: _____

Name(s) of School(s) attended and years attended (**inside** of tribal territory) [Sec 5(c1)]: _____

Male Female Are you head of household? Yes No Retired/Active Military: Yes No

Main Culture: African American Alaskan Native Asian Hispanic Native American

Native Hawaiian White Other (Please Specify): _____

SECTION II. SPOUSE

MARITAL STATUS: Single Married Divorced Separated Widowed Domestic Partner

Name of Spouses, Marriage Date, and County and State of Marriage (Please list even if **divorced** or **separated** or **non-Lumbee**):

1st Spouse: _____ Marriage Date: _____ County/State: _____

Lumbee: Yes No Birth Date and/or Tribal Number: _____ Member of Another Tribe (list): _____

2nd Spouse: _____ Marriage Date: _____ County/State: _____

Lumbee: Yes No Birth Date and/or Tribal Number: _____ Member of Another Tribe (list): _____

3rd Spouse: _____ Marriage Date: _____ County/State: _____

Lumbee: Yes No Birth Date and/or Tribal Number: _____ Member of Another Tribe (list): _____

Please list full name of applicant's child(ren) under the age of 18, living in the home. If any child(ren) are deceased, please indicate date of death in the Social Security # column below. If more space is needed, **please continue on next page**.

Full Name of Child	Enrollment #	Date of Birth	County/State of Birth	Social Security #	Relationship to Child	Child is Adopted

Does child reside with you? Yes No, they live with: _____
Address: _____

Full Name of Child	Enrollment #	Date of Birth	County/State of Birth	Social Security #	Relationship to Child	Child is Adopted

Does child reside with you? Yes No, they live with: _____
Address: _____

Full Name of Child	Enrollment #	Date of Birth	County/State of Birth	Social Security #	Relationship to Child	Child is Adopted

Does child reside with you? Yes No, they live with: _____
Address: _____

LINEAGE CHART

OFFICE USE ONLY

Chart #: _____

Enrollment Numbers

Applicant: _____

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

Natural Adopted

Enrollment Date: _____

1. **Your Name**

Birth Date: _____

County/State of Birth: _____

Death Date: _____

Burial Site: _____

1st Spouse: _____

2nd Spouse: _____

3rd Spouse: _____

Please list all children with dates of birth:

1. _____ (/ /)

2. _____ (/ /)

3. _____ (/ /)

4. _____ (/ /)

5. _____ (/ /)

6. _____ (/ /)

7. _____ (/ /)

2. **Father's Name**

Birth Date: _____

County/State of Birth: _____

Marriage Date: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

Children: _____

3. **Mother's Name**

Birth Date: _____

County/State of Birth: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

4. **Grand-Father**

Birth Date: _____

County/State of Birth: _____

Marriage Date: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

Children: _____

5. **Grand-Mother**

Birth Date: _____

County/State of Birth: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

6. **Grand-Father**

Birth Date: _____

County/State of Birth: _____

Marriage Date: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

Children: _____

7. **Grand-Mother**

Birth Date: _____

County/State of Birth: _____

Death Date: _____

County/State of Death: _____

Burial Site: _____

Enroll No: _____

8. _____

Birth Date: _____

Marriage Date: _____

Death Date: _____

Burial Site: _____

9. _____

Birth Date: _____

Death Date: _____

Burial Site: _____

10. _____

Birth Date: _____

Marriage Date: _____

Death Date: _____

Burial Site: _____

11. _____

Birth Date: _____

Death Date: _____

Burial Site: _____

12. _____

Birth Date: _____

Marriage Date: _____

Death Date: _____

Burial Site: _____

13. _____

Birth Date: _____

Death Date: _____

Burial Site: _____

14. _____

Birth Date: _____

Marriage Date: _____

Death Date: _____

Burial Site: _____

15. _____

Birth Date: _____

Death Date: _____

Burial Site: _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____