



LUMBEE TRIBE OF NORTH CAROLINA

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



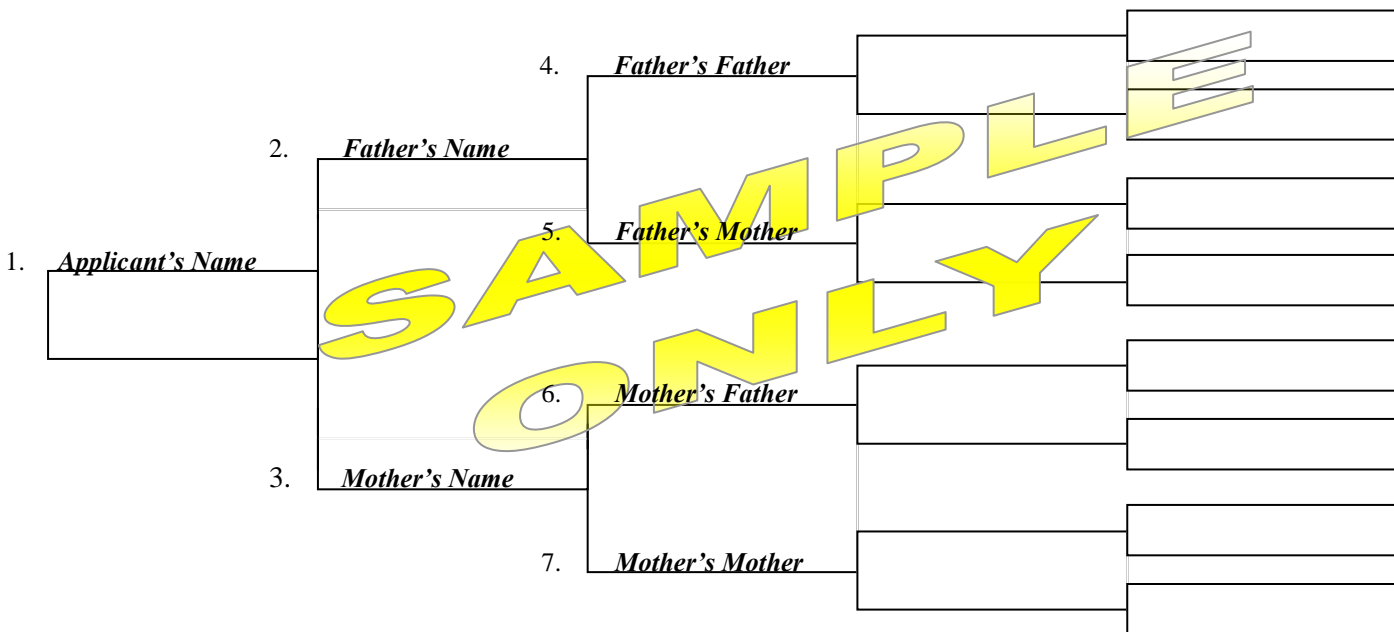
PLEASE READ ALL INSTRUCTIONS BEFORE BEGINNING

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

EFF: 6/24/2011

(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.

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

Enrollment #: _____ Chart #: _____ **Office Use Only – Reassigning Chart #**

Enrolling (Please complete ALL Sections.): _____ Myself _____ Minor Children Only _____ Myself and Minor Children

Applicant is Adopted.

I plan to apply for the following service(s):

Emergency Services Energy Assistance Education (CIB) Housing Vocational Rehab.

SECTION I. SELF

1. Please Print Full Name of Applicant:

First Name	Middle Name	Maiden Name (female)	Last Name
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2. Mailing Address:

Address	City	State	Zip	County
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3. Street Address (if different from mailing):

Address	City	State	Zip	County
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4. Phone Numbers: Home: (____) _____, Cell/Other: (____) _____	5. Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Email Address:
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9. Main Culture:

African American Alaskan Native Asian Hispanic Native American Native Hawaiian

White Other (Please Specify): _____

10. Date of Birth:	11. County / State of Birth:	12. Social Security Number:	13. Tribal Voting District:
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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	YEAR(S) ATTENDED	CHURCH(ES) / CITY / STATE

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

SECTION II. MARITAL STATUS

16. Single Married Divorced Widowed Separated Domestic Partner

17. Name of Spouse(s): Beginning with current spouse, answer the questions below.

Current Spouse's name: _____ Is your spouse Lumbee? Yes No
 Marriage Date: _____ County/State of Marriage: _____ Spouse's Date of Birth: _____

Previous Spouse's name: _____ Is your spouse Lumbee? Yes No
 Marriage Date: _____ County/State of Marriage: _____ Spouse's Date of Birth: _____

SECTION III. CHILD(REN)

18. 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.

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

PLEASE TURN OVER, COMPLETE BACK SIDE AND SIGN



SECTION IV. ENROLLED FAMILY MEMBERS

19. If you have family member(s) that are currently enrolled in the Lumbee Tribe of North Carolina, please list information below. This information has to be obtained by applicant from family member.

<u>Full Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Enroll. # / Chart #</u>

SECTION V. ADULT CONSENT AGREEMENT

If eligible, I hereby affirm that I am ____ years of age and agree to become a member of the Lumbee Tribe of North Carolina, as well as any minor children indicated, with all of the rights and privileges entitled as a tribal member(s). I affirm that I, and any minor children indicated, are not enrolled with any other tribe. I understand that any falsification of the Lumbee Tribal Enrollment Application 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

By becoming a member of the Lumbee Tribe, you will be 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** _____

FOR OFFICE USE ONLY

Did enrollment staff see and copy Certified Birth Certificate on applicant and minor children listed? Yes No

If No, what other document was used and why? _____

Eligible **In-eligible**

Tribal Enrollment Representative: _____ Date: _____

ADVISORY ON RIGHTS TO APPEAL

I hereby acknowledge that I have been advised of my rights to appeal on any adverse decision from the Enrollment and Records Office.

Signature

Date

Additional Comments or Information, Please Provide below.

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. _____