



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
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3. Street Address (if different from above) on line below:

Address	City	State	Zip	County
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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: ()
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12. Identifying Race/Culture:

African American
 Alaskan Native
 American Indian
 Asian
 Hispanic
 Native Hawaiian
 White
 Other (Please Specify): _____

13. Email Address (Used For Tribal Purposes ONLY): _____	Lumbee Tribal Voting District District #: _____	OFFICE USE ONLY STAFF INIT: _____
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14. 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: _____

15. 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						

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 _____

FOR OFFICE USE ONLY

1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Eligible <input type="checkbox"/> In-eligible based on _____ <input type="checkbox"/> Historical Contact <input type="checkbox"/> Present-Day Contact Archived: _____ By: _____ 1 - CO[3] 2 - CH[2] 3 - LD[2] 4 - SC[2]
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OUT OF TRIBAL TERRITORY VOTING DISTRICT DESIGNATION

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 inside of the tribal territory to vote in tribal elections. 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**. *If you are not sure of the district that you should select, please let a staff person know.*

- | | | | | | |
|--|--|---|--|-------------------------------------|-----------------------------------|
| District 1: <input type="checkbox"/> Gaddy | <input type="checkbox"/> Rowland | <input type="checkbox"/> Orrum | <input type="checkbox"/> Sterlings | <input type="checkbox"/> Whitehouse | <input type="checkbox"/> Thompson |
| District 2: <input type="checkbox"/> Back Swamp | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Smyrna | | | |
| District 3: <input type="checkbox"/> Lumberton | <input type="checkbox"/> West Howellsville | District 4: <input type="checkbox"/> Red Springs | <input type="checkbox"/> Philadelphus | | |
| District 5: <input type="checkbox"/> Oxendine | <input type="checkbox"/> Prospect | District 6: <input type="checkbox"/> Raft Swamp | <input type="checkbox"/> North Pembroke | | |
| District 7: <input type="checkbox"/> South Pembroke | <input type="checkbox"/> Union | District 8: <input type="checkbox"/> Burnt Swamp | | | |
| District 9: <input type="checkbox"/> Saddletree | District 10: <input type="checkbox"/> Shannon | <input type="checkbox"/> Rennert | <input type="checkbox"/> South St. Pauls | | |
| District 11: <input type="checkbox"/> Hoke County | District 12: <input type="checkbox"/> Scotland County | <input type="checkbox"/> Maxton | <input type="checkbox"/> Alfordsville | | |
| District 13: <input type="checkbox"/> Cumberland County | <input type="checkbox"/> Parkton | <input type="checkbox"/> Lumber Bridge | <input type="checkbox"/> North St. Pauls | | |
| District 14: <input type="checkbox"/> East Howellsville | <input type="checkbox"/> Wisharts | <input type="checkbox"/> 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 _____

DECEASED MEMBERS

If you have a deceased spouse, parent(s), child(ren), brother(s), sister(s), grandparent(s), or grandchild(ren) that you think may be enrolled that has passed away recently, please list below:

Additional Comments or Information, Please Provide below.