



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:

The diagram shows a lineage chart starting with a box for '1. Applicant's Name'. From this box, two lines lead to boxes for '2. Father's Name' and '3. Mother's Name'. From '2. Father's Name', two lines lead to boxes for '4. Father's Father' and '5. Father's Mother'. From '3. Mother's Name', two lines lead to boxes for '6. Mother's Father' and '7. Mother's Mother'. Each of these four boxes has two lines extending to the right, indicating space for additional information. A large yellow 'SAMPLE ONLY' watermark is overlaid on the diagram.

- 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

1. Applicant must come into the Office of Enrollment and Records to apply for membership. **FORMS THAT ARE MAILED IN OR DROPPED OFF AT OUR OFFICE WILL NOT BE ACCEPTED.**
2. Applicant must provide **COUNTY ISSUED CERTIFIED** birth certificates (**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)
3. Applicant, and any children getting enrolled, must have a copy of their Social Security Card(s).
4. Applicants, 18 and over, must have a valid ID or other proof of identity.
5. If the applicant is eligible for enrollment, an enrollment number will be issued to them and any minor children, provided documentation has been supplied on behalf of the children. A Lumbee tribal enrollment card will then be issued to all who are present; certificates of enrollment can be issued to minors who are not.
6. Applications will only be accepted during **OPEN ENROLLMENT!**

The Office of Tribal Enrollment and Records is located at 6984 NC Hwy 711 West, Pembroke NC, 28372. For further directions or inquiries you may call (910) 521-7861 ext. 252 or visit our website at www.lumbeetribe.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.

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 _____

2. Mailing Address:

Address _____ City _____ State _____ Zip _____ County _____

3. Street Address (if different from mailing):

Address _____ City _____ State _____ Zip _____ County _____

4. Phone Numbers:

Home: (_____) _____, Cell/Other: (_____) _____

5. Head of Household

Yes No

6. Gender:

Male Female

7. Veteran:

Yes No

8. Email Address (Used for Tribal Purposes ONLY):

9. Identifying Race/Culture:

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

10. Date of Birth:

11. County / State of Birth:

12. Social Security Number:

SECTION II. MARITAL STATUS

13. Single Married Divorced Widowed Separated Domestic Partner

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: _____

SECTION III. CHILD(REN)

15. 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 |
|--------------------|--------------|---------------|---------------------------|-------------------|--------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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SECTION IV. ENROLLED FAMILY MEMBERS

16. 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.

| Full Name | Date of Birth | Relationship | Enroll. # / Chart # |
|-----------|---------------|--------------|---------------------|
| | | | |
| | | | |
| | | | |

SECTION V. VOTING DISTRICT

By becoming a member of the Lumbee Tribe, you are entitled to vote in tribal elections. The tribal territory is Robeson, Scotland, Hoke, and Cumberland Counties in NC and they are divided into the fourteen (14) districts:

INSIDE THE TRIBAL TERRITORY

If you live inside the tribal territory, your voting district is based upon the area that you reside. Enrollment staff will review the map of the tribal territory and locate the correct designation for which you reside and will initial below.

District #: _____ STAFF INITIAL HERE _____

OUT OF TRIBAL TERRITORY VOTING DISTRICT DESIGNATION

If you live outside of the tribal territory, 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** and read the statement below and initial. *If you are not sure of the district that you should select, please let a staff person know.*

- 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 _____

SECTION VI. 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 _____

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 based on _____

Historical Contact Present-Day Contact

1. _____

2. _____

3. _____

4. _____

1 - CO[3] 2 - CH[2] 3 - LD[2] 4 - SC[2]

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 _____

OFFICE USE ONLY

Chart #: _____

Enrollment Numbers

Applicant: _____

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

Child #7: _____

LINEAGE CHART

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: _____

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: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

10.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

11.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

12.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

13.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

14.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

15.

Birth Date: _____
 Marriage Date: _____
 Death Date: _____
 Burial Site: _____

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