



**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 from the applicant's name (1) and branching into the father's name (2) and mother's name (3). From the father's name, it branches into the father's father (4) and father's mother (5). From the mother's name, it branches into the mother's father (6) and mother's mother (7). Each of these four levels (4, 5, 6, 7) has two empty boxes for additional information. A large yellow 'SAMPLE' watermark is overlaid across the center of the chart.

- 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 attend a Lumbee History Culture Class prior to applying (schedule will be posted on the website and Facebook).
2. Applicant must come into the Office of Enrollment and Records located at **6984 NC Hwy 711 W, Pembroke, NC 28372** to apply for membership. **FORMS THAT ARE MAILED IN OR DROPPED OFF AT OUR OFFICE WILL NOT BE ACCEPTED.**
3. 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)
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!**

**For additional information, you may call (910) 522-5468 or by email [enrollment@lumbeetribe.com](mailto:enrollment@lumbeetribe.com).**

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

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: \_\_\_\_\_

1<sup>st</sup> Spouse: \_\_\_\_\_

2<sup>nd</sup> Spouse: \_\_\_\_\_

3<sup>rd</sup> 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.



# 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.

## 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

## 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 (Certificate attached)

School(s) Attended prior to Desegregation: \_\_\_\_\_

Past/Present Member of Historical Church: \_\_\_\_\_  
(DOCUMENTATION HAS TO BE PROVIDED)

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