CHITIMACHA TRIBE OF LOUISIANA
APPLICATION FOR ENROLLMENT

A | **Date of Application**
___ / ___ / ___

B | **Party completing Application other than Applicant, must be Enrolled**
☐ Applicant   ☐ Parent   ☐ Guardian   ☐ Other (specify)_____

C

(If Party other than Applicant – Please complete)
Name:

_____
Last   First   Middle

Physical Address:

_____
Street   City, State   Zip

Mailing Address:

_____
Street/P. O. Box   City, State   Zip

Relationship to Applicant

_____

Phone: _____

Is residence located on the Chitimacha Reservation?

☐ Yes   ☐ No

D

Party seeking Enrollment
Name:

_____
Last   First   Middle

Physical Address:

_____
Street   City, State   Zip

Mailing Address:

_____
Street/P. O. Box   City, State   Zip

☐ Male   ☐ Female

Alleged Degree of Chitimacha Blood _____

Is residence located on the Chitimacha Reservation?

☐ Yes   ☐ No

E

If ever known by any other name than listed, please state:

_____

Social Security Number

_____

F

Date of Birth:

_____
Month   Day   Year

Natural Father's Name: _____

Natural Mother's Name: _____

Place of Birth:

_____
City   State

G

If eligible for or currently enrolled as a member of another Tribe, please state Name of Tribe and Degree of Blood Quantum _____

        I, the undersigned, confirm that the information supplied on this application is true and correct to the best of my knowledge and belief.

H

_____
Signature of Party Completing Application

CHITIMACHA ANCESTRAL CHART

Great Grandfather

Blood Degree

Grandfather

Great Grandmother

Blood Degree

Blood Degree

Natural Father

Great Grandfather

Blood Degree

Blood Degree

Grandmother

Great Grandmother

Blood Degree

Blood Degree

Applicant's Name

Great Grandfather

Blood Degree

Blood Degree

Grandfather

Great Grandmother

Blood Degree

Natural Mother

Blood Degree

Blood Degree

Great Grandfather

Blood Degree

Grandmother

Great Grandmother

Blood Degree

Blood Degree

Prepared by _____

Date _____

DIRECTIONS FOR COMPLETING ENROLLMENT APPLICATION

Page 1 of Application

A.   Insert the date that the application(s) is completed.

B.   Please indicate relationship to applicant. The person completing the application must be an enrolled Tribal Member, unless the applicant is non-tribal and wishes to enroll themself or a family member.

C.   The person completing the application must provide all information requested in this section. Please indicate relationship to applicant.   A valid phone number must be provided for contact purposes.

D.   The information in this section pertains to the applicant. Make sure all sections are completed.

E.   List any names by which the applicant has been known. Name changes can be due to marriage, adoption, or any other official name change.

F.   Birth information on the applicant is required in this section, including date and place of birth, and names of Natural Mother and Natural Father.

G.   If the applicant is eligible for enrollment or enrolled with another Tribe, their enrollment or eligibility for enrollment with another Tribe must be recorded in this section.

H.   This application must be signed by the person completing this form, whether it is the enrolled Tribal Member, or the Non-Tribal member seeking enrollment into the Chitimacha Tribe of Louisiana for themself or a family member.

Page 2 of Application

The ancestral chart must be completed showing the applicant and the applicant's ancestry on the Mother's side or Father's side (whichever side the Chitimacha bloodline is alleged). Preparer's signature and date of completion are required.