



LUMBEE TRIBE OF NORTH CAROLINA

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



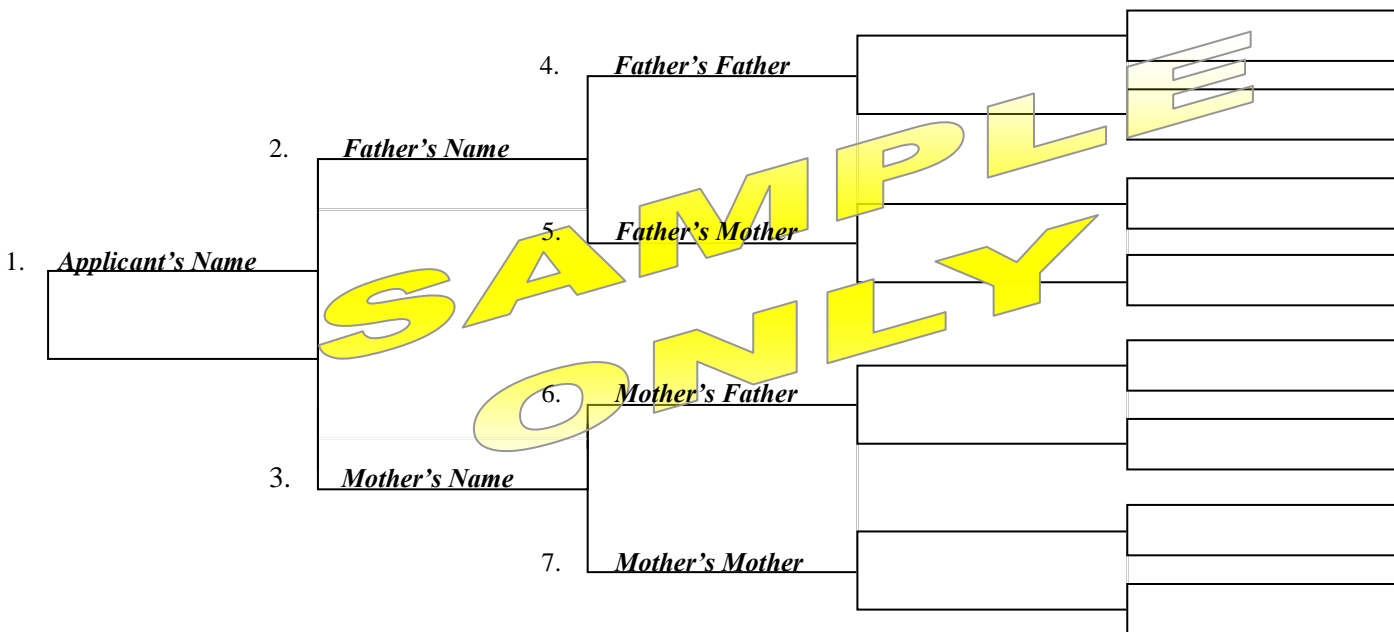
PLEASE READ ALL INSTRUCTIONS BEFORE BEGINNING

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

(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:**

**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:**

## SECTION II. MARITAL STATUS

**14.**  Single  Married  Divorced  Widowed  Separated  Domestic Partner

**15. 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)

**16. 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

**17. 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. 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 based on \_\_\_\_\_

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

Additional Comments or Information, Please Provide below.

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: \_\_\_\_\_

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. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_  
 Death Date: \_\_\_\_\_  
 Burial Site: \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

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24. \_\_\_\_\_

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26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_