



NORTH GEORGIA CHEROKEE INDIANS

805 EASTMONT RD.

WINDER, GEORGIA, 30680

Thank you for your interest in becoming a member of the North Georgia Cherokee Indians. This packet is the tribal enrollment application. It contains several forms that must be completed to be considered for membership.

INSTRUCTIONS:

General:

- All documents/forms are electronic and are designed to be completed on a computer, however if a form requires a signature, please complete entry fields on computer first, print the document, then sign where directed. Computer entry ensures that all information is legible. Click where directed on each form to complete. *(if you are unable to complete via computer, please contact terryraber.lcm@comcast.net or at 678-492-6792)*
- All documents/forms are legal documents, each required by the Bureau of Indian Affairs by law and must all be completed in full by each member. Some information requested may be repetitious, however law requires that all forms are completed in full to be considered for membership. Be sure to print and/or save a copy for personal reference.
- Once completed, please mail all forms, required documentation and a one-time \$15.00 document processing fee to:

NORTH GEORGIA CHEROKEE INDIANS

805 Eastmont Rd.

Winder, Ga. 30680

see next page

INSTRUCTIONS, continued:

Ancestry:

- To be considered for membership, you must be able to confirm Cherokee Indian lineage using one or more of the Cherokee Rolls.
 - Many Cherokee were documented on state/federal Cherokee rolls prior to the Cherokee removal (a.k.a. Trail of Tears). Many of the rolls can be viewed online; some for free but not all. We **do not** provide roll information, complete ancestry information or provide ancestry services for potential members.
- Copies of birth certificates and/or death certificates are required to show that you have a direct line to the enrolled ancestor(s). Please send copies of both your birth certificate and your ancestor's birth and/or death certificate. Do not send original certificates. Send only copies.
- If your ancestors chose not to enroll and are not documented on any of the Cherokee rolls, unfortunately, we are not able to accept you as a member of the tribe.
- Ancestry/lineage rules and guidelines we follow are set forth by the Bureau of Indian Affairs guiding federal tribes and must be adhered to.
- Please note that all applicants must be biological relatives of their Cherokee ancestor(s).

Thank you for your interest and assistance.

Sincerely,

NORTH GEORGIA CHEROKEE INDIANS

805 EASTMONT RD.

WINDER, GEORGIA, 30680



APPLICATION FOR ENROLLMENT

NORTH GEORGIA CHEROKEE INDIANS

I, _____, do hereby request membership admission into the North Georgia Cherokee Indians tribe.

I am a descendent of _____, a Cherokee indian whose roll number is/was _____, on the _____ Cherokee roll.

I have completed all required enrollment forms and have provided an exact copy of my birth certificate as well as birth and/or death certificate(s) of my Cherokee ancestor(s). I understand that I will not be considered for enrollment unless all forms and documentation requested by the tribe are completed and submitted. I understand that the North Georgia Cherokee Indians reserve the right to deny entry into the tribe should documentation prove unacceptable

Applicant Signature

Date

****FOR OFFICE USE ONLY****

Tribal Enrollment Number: _____

NORTH GEORGIA CHEROKEE INDIANS:

APPLICANT DEMOGRAPHICS

OFFICE USE ONLY:

Enrollment # _____

Chart # _____

Reassigning Chart # _____

SECTION I: SELF

Applicant:

First Name: _____

Middle Name: _____

Maiden Name (if applicable): _____

Last Name: _____

Date of Birth: _____

County/State of Birth: _____

Gender: Male ☐ Female ☐

Veteran: Yes ☐ No ☐

Head of Household: Yes ☐ No ☐

Applicant is Adopted: Yes ☐ No ☐ **please note that all applicants must be biological relatives of their Cherokee ancestor(s)**

Address: _____

City: _____

State: _____

County: _____

Mailing Address (if different from above):

Address:

City:

State:

Zip:

County:

Phone Number:

Home: _____

Work: _____

Other: _____

Email address: _____

Main Culture: ☐ African American ☐ Alaskan Native ☐ Asian ☐ Hispanic

☐ Native American ☐ White

☐ Other (please specify): _____

Enrolling: ☐ Myself ☐ Minor Children Only ☐ Myself and Minor Children

Should the tribe receive federal recognition, I plan to apply for the following service(s):

☐ Emergency Services

☐ Energy Assistance

☐ Education (CIB)

☐ Housing

☐ Vocational Rehab

SECTION II: MARITAL STATUS

Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Domestic Partner ☐

Marriage History:

Current Spouse's Name *(first, middle and last; if no current spouse, enter "N/A")*

Marriage date: _____ County/State of Marriage: _____

Spouse's Date of Birth: _____

Previous Spouse's Name *(first, middle and last; if no previous spouse, enter "N/A")*

Marriage date: _____ County/State of Marriage: _____

Spouse's Date of Birth: _____

If never married, please check this box: ☐

SECTION III: CHILDREN

Please list full name of applicant's child(ren) under the age of 18 living at home:

Full name of child	Date of Birth	County/State of Birth	Relationship to Child	Child is Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No Child is Biological Relative <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name of child	Date of Birth	County/State of Birth	Relationship to Child	Child is Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No Child is Biological Relative <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name of child	Date of Birth	County/State of Birth	Relationship to Child	Child is Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No Child is Biological Relative <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name of child	Date of Birth	County/State of Birth	Relationship to Child	Child is Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No Child is Biological Relative <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: ENROLLED FAMILY MEMBERS

If you have family member(s) currently enrolled, please list information below. Information must be obtained by applicant from the enrolled family member:

Full Name <i>(first, middle and last)</i>	Date of Birth	Relationship	Roll # or Chart #

INDIVIDUAL HISTORY CHART

BIA 8304 OMB No.1076-0104, Expires 07/31/2018

(To be completed by each adult member of the group)

MEMBER'S NAME (first, middle and last): Click or tap here to enter text.

NAME OF MEMBER'S WIFE/HUSBAND:

(if wife: enter first, middle, last and maiden name; if husband: enter first, middle and last name; if unmarried, enter "N/A")

NAMES OF MEMBER'S CHILDREN: (indicate whether child is male or female; if no children, enter "N/A")

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NAME OF MEMBER'S FATHER (first, middle and last) _____

NAME OF MEMBER'S MOTHER (first, middle, last and maiden name) _____

NAMES OF MEMBER'S BROTHERS: (first, middle and last; if none, enter "N/A")

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NAMES OF MEMBER'S SISTERS: (first, middle, last and maiden name; if none, enter "N/A")

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If you are completing this form on behalf of an applicant, enter your name and relationship below:

Date Prepared: _____