



CHEROKEE TRIBE OF NORTHEAST ALABAMA
APPLICATION FOR TRIBAL CITIZENSHIP

Mail completed application to: CTNEAL Enrollment Committee, P.O. BOX 263 Arab, AL 35016

APPLICATION: (Please print legibly)

This applicant is applying for enrollment as a citizen: (Check one of the following):

☐ new applicant that is following a recorded direct Cherokee lineage line: Ancestor's Name _____ DOB _____ ROLL# _____
☐ has a family member already enrolled: Name: _____ DOB _____ ROLL# _____

NAME: _____ Maiden Name _____ PHONE: _____ EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____ CITY: _____ STATE: _____ COUNTY: _____
DATE OF MARRIAGE: MONTH: _____ DAY: _____ YEAR: _____ STATE: _____ COUNTY: _____
NAME OF SPOUSE: _____ BIRTH: (Month/Day/Year) _____ / _____ / _____ CITY: _____ STATE: _____ COUNTY: _____

APPLICANT'S CHILDREN: (Please note this is for reference only, a separate application must be filed for every person applying for citizenship)
NAME: _____ SEX: _____ BIRTH: (Month/Day/Year) _____ / _____ / _____ CITY: _____ STATE: _____ COUNTY: _____ LIVING: Yes ☐ No ☐
NAME: _____ SEX: _____ BIRTH: (Month/Day/Year) _____ / _____ / _____ CITY: _____ STATE: _____ COUNTY: _____ LIVING: Yes ☐ No ☐
NAME: _____ SEX: _____ BIRTH: (Month/Day/Year) _____ / _____ / _____ CITY: _____ STATE: _____ COUNTY: _____ LIVING: Yes ☐ No ☐
NAME: _____ SEX: _____ BIRTH: (Month/Day/Year) _____ / _____ / _____ CITY: _____ STATE: _____ COUNTY: _____ LIVING: Yes ☐ No ☐
DID YOU SERVE IN THE MILITARY: YES ☐ NO ☐ INDICATE WHICH BRANCH: _____ SERVED IN WHAT WAR OR CONFLICT _____

IS APPLICANT A MEMBER, OR EVER HAS BEEN A MEMBER OF ANY OTHER TRIBE? Yes ☐ No ☐ If yes, name of the tribe and how your membership was terminated _____

INSTRUCTIONS:

1. Complete application front & back, including detailed lineage to Cherokee ancestor.
2. Provide documentation that proves the relationship between each generation back to your Cherokee ancestor or the family member already enrolled in CTNEAL. Persons who are identified as Cherokees through descendants from individuals, including Federal and other Cherokee roles. As applicant may show such identity by, but not limited to any of the following: Birth, marriage & death certificates, wills, deeds, & other court records; census & military records; obituaries & funeral home records; Bible records, pension applications, or other public records generally acceptable as establishing descendants. [Documentation from books or a family Bible must include a copy of the title page showing the author, publication date and page number; microfilm copies must show the top of the page with name & roll number.] Photocopies are acceptable. Send only copies of documentation that establishes your lineage.
3. All official documentation will be considered; however, proof of lineage must be established. Tribal citizenship is based on verifiable proof of Cherokee ancestry. Your application will not be processed if the application is not complete.

APPLICATION FEE: The application fee is non-refundable. Application fee \$50 (adults ages 18-up) and \$25 (minors ages birth -17). A passport size photo MUST be attached or email photo to tribalenvolment@yahoo.com, If you have any questions, call 256-785-4727 Monday-Friday hours 10am-4pm central time

By signing this application, you agree to all terms contained on this application. The Cherokee Tribe of Northeast Alabama reserves the right to accept or reject any application.

I affirm that the information stated on this application is true and correct to the best of my knowledge and understand that 2 conditions are required to remain an active citizen of CTNEAL: 1 (notify the tribe office of any change in contact information: 2 pay a yearly financial obligation fee of \$20 from 1 January to 31 March of each calendar year. Ages 18-62 (used for tribal newspaper / tribal gatherings/ culture events and daily operation of the tribe)

APPLICANT'S PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

If you are signing as a parent or guardian, include your relationship to applicant.

OFFICE USE ONLY: Reviewer: _____
Date Approved: _____ Roll #: _____

ENROLLMENT CRITERIA

1. The applicant must be a lineal descendant of a Cherokee who is listed on a Cherokee Roll taken prior to 1925, or any other legal document proving a direct Cherokee line, AND must meet at least one of the following requirements:
 - A resident of the State of Alabama.
 - A Cherokee by blood/lineage, living or deceased, with ties to Alabama
2. This application must be accompanied by:
 - a. Documentation verifying a) direct blood/lineage documented Cherokee, or b) documentation to verify a direct blood/lineage line already on file in the tribal office for a citizen of CTNEAL.
 - b. A non-refundable application fee, and
 - c. A passport-size photograph.

All documentation must comply with requirements established by CTNEAL. A citizen may not belong to more than one tribe, band or group.

NOTES:

If documentation is not complete, the application will be returned to provide an opportunity for you to supply the missing documents.

1 APPLICANT: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

2 FATHER: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

3 MOTHER: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

4 Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

5 Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

6 Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

7 Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State: Siblings:

8 G-Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

9 G-Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

10 G-Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

11 G-Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

12 G-Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

13 G-Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

14 G-Grandfather: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

15 G-Grandmother: Birth Date: County: State: Marriage Date: County: State: Death Date: County: State:

CTNEAL FAMILY MEMBERS: Name: Roll # Name: Roll # Name: Roll # Name: Roll # Name: Roll #

[illegible]