



Physical Address Only:

1366 May Farm Road ~ Barton, VT 05822

Mailing Address for Correspondence:

Nulhegan Abenaki Tribe

C/O Chief Don Stevens ~ 156 Bacon Drive ~ Shelburne, VT 05482

Mailing Address for Enrollment and Tribal ID Applications Only:

Michael Descoteaux, 909 Royalston Corner Road, Concord, VT 05824

Email: 1963mikeyd@gmail.com

APPLICATION FOR TRIBAL ENROLLMENT

Full Legal Name _____

Maiden Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____

Email Address _____

Date of Birth: Month _____ Date _____ Year _____

Place of Birth: City _____ State _____

- Are you or anyone listed here a registered member of any other tribe? Circle: YES NO
(Notice: You can only be a citizen of one recognized Abenaki Tribe at any given time.)
- If yes, please list name of tribe _____ Band No. _____
- Full name of the Abenaki ancestor you are claiming descendancy through: (Genealogy must be proven by acceptable documentation that links you to a known Abenaki person. Some examples are Birth, Death, or Marriage Certificate.)

- Spouse's Full Legal Name _____ Birth date ____/____/____

(If spouse is Abenaki, please fill out a separate enrollment application) Below, please list your children (minor and adult), their dates of birth, and school that they attend (if they are of school age). Your children may qualify for Title VII Indian Education programs and/or scholarships. If your children are adult, please provide their city and state of residence.

Full Legal Name	Date of Birth	School OR City/State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach another page if needed)

AFFIRMATION SIGNATURE

By signing this form, I hereby affirm that the information I provided is true and accurate to the best of my knowledge. I understand that my citizenship will be denied or revoked if I am found to be registered with another tribe/band. If you are found to be registered with another tribe/band OR provide falsified documentation, you can or will be removed from our citizenship rolls.

Sign here: _____ Date: ____/____/____



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APPLICATION FOR TRIBAL IDENTIFICATION CARD

One form must be completed for each member who is requesting a Tribal Identification Card.

Band ID No. _____ (Only if you are already enrolled and have your ID No.)

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ / _____ / _____

Height _____ ft. _____ in. Weight _____ lbs. Eye Color _____

Name of Nulhegan Citizen you are related to: _____

Relationship to Nulhegan Citizen (e.g. mother, father) _____

Please obtain and send two passport photos (can be taken at post office or many pharmacies) for your Tribal Identification card.

Note: Minor children under the age of 16 do not get a Tribal ID Card unless there are special circumstances. However, they will be put on our tribal roles.

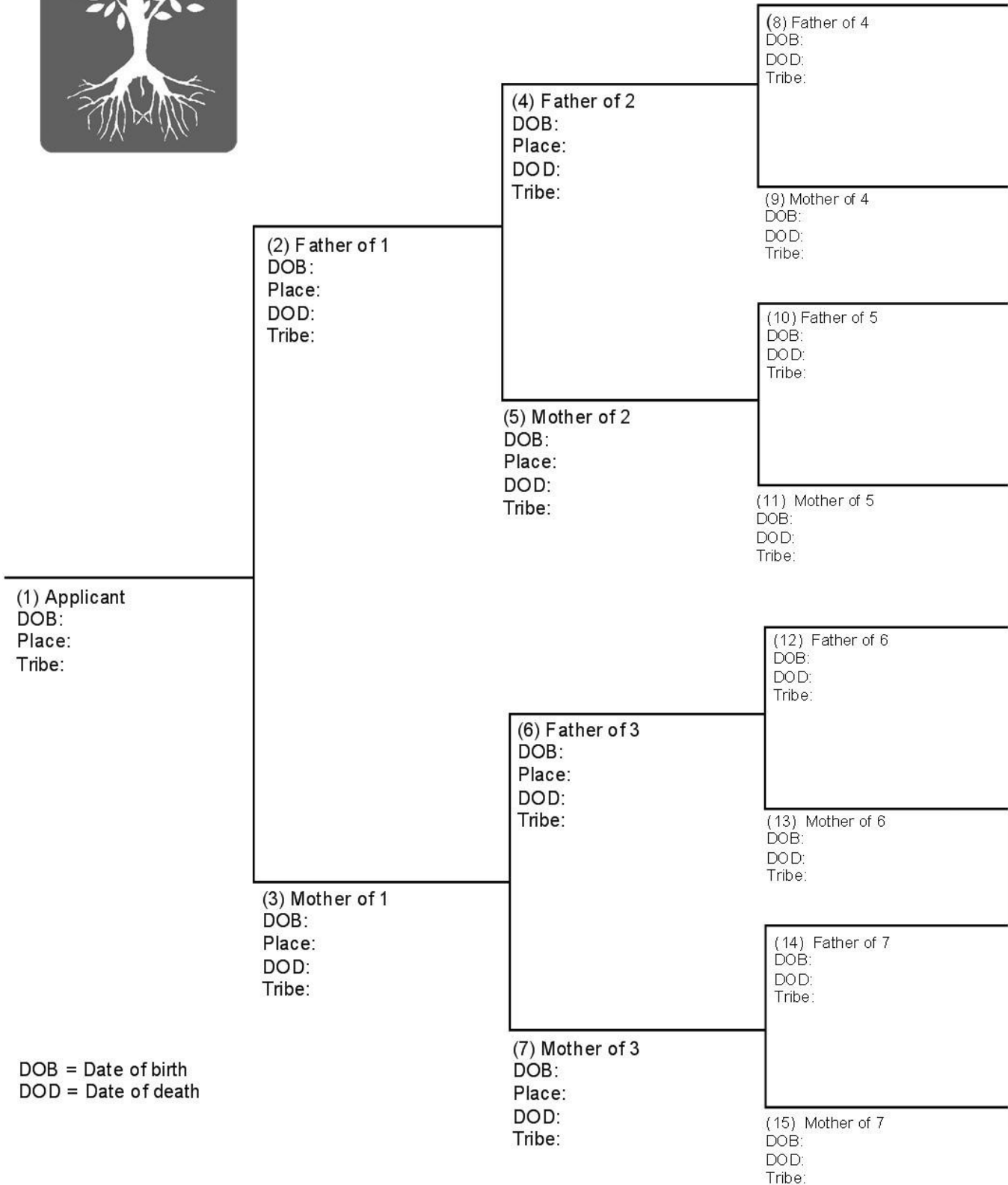
Photo identification card fee is \$12.00

Please make out Check or Money Order to: Nulhegan Abenaki Tribe

Mail Application for Enrollment, Application for Tribal ID, a copy of your Birth Certificate, and card fee to: Michael Descoteaux, 909 Royalston Corner Road, Concord, VT 05824



Family Tree Chart



Completed by: _____