

NULHEGAN APPLICATION FOR CLOSE FAMILY RELATIVES OF ENROLLED CITIZENS

Page 1: Citizen Consent, Page 2: Tribal Application, Page 3: Pedigree form

Close Family Relative = If you are the Child, Parent, Sibling, Aunt, Uncle, Niece, Nephew, Grandparent, Grandchild, or First Cousin of an Enrolled Nulhegan Citizen



Email (preferred method) application pages 1-3, and Copies of necessary documents (or questions) to:

citizenship@abenakitribe.org , or

Postal Mail, please add a cover letter explaining reason why not using email to:

Nulhegan Abenaki Tribe, 156 Bacon Drive, Shelburne, Vt. 05482
Attn: Citizenship (on back of envelope)

Nulhegan Enrolled Citizen Consent for Close Family: To be completed by the Enrolled Citizen

As an Enrolled Nulhegan Citizen in Good Standing, I hereby give consent to the Nulhegan Citizenship Enrollment Committee, to access my accepted Abenaki genealogy as genealogical proof of Abenaki bloodline for this applicant. This applicant is a close family member who also shares this bloodline.

Your Enrolled Citizen Name and Band # Name of Applicant - Relationship to you

(Please **print** in English)

(Please print both in English)

(Please **sign** your enrolled Citizen name in black ink)

(Date of Signature)

Please Note:

Submitting this application does not guarantee citizenship in the Nulhegan Abenaki Tribe.

Stage 1: Fill out and send in all three forms, along with all documentation copies. Send to the Email address (preferred) or to the Postal Address above.

Stage 2: Once reviewed and if approved, you will be assigned a tribal number. If you wish to receive a tribal I.D. card, you may apply for a Tribal I.D. card only AFTER you are enrolled. (The link is on the Citizens web page.)

Tribal Enrollment Form (to be completed by Applicant)

Full Legal Name:

First _____ Middle _____ Last _____

Maiden Name (If applicable) _____

Mailing address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email address _____

Date of Birth(month) _____ / (date) _____ / (year) _____

Place of Birth:(City) _____ State/Province _____

Are you a registered citizen of any other tribe? Circle: Yes No : If yes, please list the name of the tribe: _____ Band No: _____. (You must resign from another tribe/band before becoming a citizen of Nulhegan)

List the full name and tribal I.D. # of the Nulhegan Citizen who has given their consent, and state their relationship to you: _____ Name your common Abenaki ancestor with this Citizen: _____

Your spouse's Full Legal Name: _____

(If spouse is Abenaki, please fill out a separate application).

Below, please list your children (minor and adult); their dates of birth, and school they attend. Your children may qualify for Title VII Indian Education Programs and/or scholarships. If your children are adult (18 years+), 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 the citizenship rolls.)

Sign here: _____ Date signed: ____/____/_____