

NULHEGAN APPLICATION FOR RELATIVES of ENROLLED CITIZENS

Fill this out for you and your partner and minor children when you are closely related to enrolled citizens.

Mailing Address for Correspondence:

Nulhegan Abenaki Tribe



Physical Address Only: 1366 May Farm Road, Barton, VT 05822

c/o Emily Fiske 7538 Currier Road, Loudon, NH 03307 802-922-4186

Email for application submission: citizenship@abenakitribe.org

Email for questions only: genealogist@abenakitribe.org

Nulhegan Enrolled Citizen Consent for Family

As an Enrolled Nulhegan Citizen in good standing, I hereby give my 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 member of my family who also shares this bloodline.

Name of Enrolled Nulhegan Citizen & Band Number

Applicant and relationship to Citizen

(Please print full enrolled name in English)

(Please print)

(Please sign your enrolled name in ink)

(Date)

Please Note: Enrollment is a 2-stage process.

Stage 1:

Fill out and send in the Tribal Enrollment Form and any documentation you have available for approval. Once approved, you will be assigned a tribal number.

Stage 2:

The Tribal ID Card form (link is on the Citizens web page) is to be completed AFTER you are enrolled and get your ID number.

Tribal Enrollment Form

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 name of tribe: _____ Band No. _____

(You must resign from another tribe/band before becoming a citizen of this Band.)

List the full name and tribal ID of the Nulhegan Citizen who is your close relative, give the relationship to you. Name your common ancestor (same mother, grandfather, etc. in the Abenaki line). Please attach your Pedigree Chart to your common Abenaki ancestor.

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 that they attend. 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 the citizenship rolls.)

Sign here: _____ Date: ____/____/_____