

NULHEGAN APPLICATION FOR TRIBAL ENROLLMENT

One form must be completed for each member who is requesting citizenship.



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

Mailing Address for Correspondence:

Nulhegan Abenaki Tribe

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

Please Note: Enrollment is a 2-stage process.

Stage 1: Fill out and send in this Tribal Enrollment Form and any documentation you have available for approval. Once approved, you will be assigned a tribal number.

Stage 2: If you decide you would like a Tribal ID Card, please complete the Tribal ID application 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.)

On the following line, please state the full name of the Abenaki ancestor you are claiming to be descended from. Genealogy must be proven by acceptable documentation that links you to a known Abenaki person. Some examples are Birth, Death, or Marriage Certificate. Please attach your documentation.

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: ____/____/____