

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 Sherry Gould, 3210 State Rte. 114, Bradford, NH 03221
Email: citizenship@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 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 member 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.)
- 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.

- 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: _____ / _____ / _____