



THE WHITETOP BAND
OF NATIVE INDIANS

APPLICATION FOR ENROLLMENT PACKET

P.O. BOX 867, GEORGETOWN, KENTUCKY 40324

WWW.WHITETOPTRIBE.ORG

The purpose and mission of The Tribe of the Whitetop Band of Native Indians is to protect and enhance the quality of the lives of all our members, to protect the culture and traditions of our Native Americans, to teach our young people the history of our families and the history of Native American peoples, to respect the burial sites of our ancestors that have gone before us and for the generations to come, and to confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth. We will stress the importance of Her continued survival.

The Tribe will elect our own leaders and teach our children the importance of education and self-reliance. Also, we pledge to care for our elderly and our youth. We commit to assisting and serving our communities and our country.

Each Citizen is Protected Under the Following Acts:

- The American Indian Religious Act of 1978
- The Free Exercise Clause of the First Amendment
- The Free Exercise Clause of the 1968 Indian Civil Rights Act
- Treaty of 1701
- J Treaty
- United Nations Declaration on the rights of Indigenous peoples adopted by General Assembly Resolution 61/295 of 13 September 2007

If you have any questions or need assistance, please contact us.

info@whitetribe.org

Sincerely,

The Tribe of the Whitetop Band of Native Indians



THE WHITETOP BAND OF NATIVE INDIANS

INSTRUCTIONS TO APPLY FOR CITIZENSHIP

****Please note—you must submit a Pedigree or Family Tree and all supporting documents, with your completed application. Thank you****

Applicant for citizenship in The Tribe of the Whitetop Band of Native Indians must be a citizen of The United States of America. There are three types of citizenship. Tribal Citizen; Requires a direct Sizemore lineage with supporting documents. Adopted Citizen; Is and individual, such as spouse or child that resides with a Tribal Citizen. Associate Citizen; Someone closely related to a Tribal Citizen. Must provide pedigree showing a direct link to a Tribal Citizen and a direct link to a Native American Ancestor.

REQUIRED AND ACCEPTABLE DOCUMENTS

Please send unedited copies, as they cannot be returned.

- Birth, Death, and Marriage Certificates
- State Issued Identification or Driver's License
- Family Bible Records
- Government Census Report
- U.S. Military Records
- Enrollment on Federally Recognized Indian Census or Rolls
- Clear and legible photograph of ancestor's burial marker

If you have questions regarding what qualifies as an "official" and acceptable document for proof of identity and lineage, please contact us at your earliest convenience.

*Applicants wanting to join as adopted/associate citizens will be added to a waiting list in the order the applications are received. We will review our citizenship numbers periodically and new adopted/associate citizens will be added as permitted by our ByLaws.



THE WHITETOP BAND OF NATIVE INDIANS

ADMISSION PROCESSING FEES

Applications for those descending from a current enrolled Citizen, please enclose \$15.00

- Please fill out the appropriate information on the application of the enrolled citizen you descend from. Any incorrect information could result in following:
 - i. Denial of application
 - ii. Resubmittal of application
 - iii. Additional processing fees

All other Applications, please enclose \$20.00

Tribal ID card

- Each main applicant is provided one card
 - i. Tribal ID cards for additional applicants (i.e. your natural minor children included in this application) is \$5.00
- A picture must be included for each ID card requested
- ID cards are not required to be a Citizen
- ID cards can be requested at a later time for an additional fee
- Replacement ID cards can be requested for an additional fee

Application processing fees are not refundable

Enclose check or money order payable to: The Tribe of the Whitetop Band of Native Indians

All costs are subject to change. There are no other fees for citizenship nor monetary benefits to our citizens at this time. We operate on donations—they MAY be tax deductible and always appreciated. We look forward to the day when we will be able to extend betterment benefits to our citizens.



THE WHITETOP BAND
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APPLICANT'S CITIZENSHIP ENROLLEMNT INFORMATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____

NUMBER OF CHILDREN IN YOUR FAMILY THAT ARE UNDER THE AGE OF 18.

MALE: _____ FEMALE: _____

APPLICANT'S PERSONAL CHARACTERISTICS

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

DATE OF BIRTH: _____ BIRTH LOCATION: _____

Please attach copies of your State issued ID or Driver's License, Birth Certificate, Pedigree/Family Tree showing DIRECT SIZEMORE LINEAGE with supporting documents for each ancestor/link.

The following sheets need to be completed, as part of your application. First is the citizen type you are applying for, please mark ("X") in the appropriate location. Then continue to fill our all the information. This will document your current and ancestral lineage. Remember, you MUST be a direct descendent of a Sizemore. Your application will be kept in our private files and remain confidential. By signing and submitting your application to the tribe, you are consenting that the tribe may use your contact information, (name, address, etc.) for official tribal business purposes. You may receive newsletters, and other tribal communications.

Check this box to opt out on receiving tribal communications

CITIZENSHIP APPLYING FOR

Citizen ()

Adopted Citizen ()

Associate Citizen ()



THE WHITETOP BAND OF NATIVE INDIANS

Please list all information of children living in your home to be considered for Citizenship.

Attach pages with additional children if necessary.

If you have a child that is 18 or older—they will need their own application.

Children residing with primary applicant to be considered for Citizenship

Children ages 14-17 are required to sign if Citizenship is desired.

APPLICANT'S NAME: _____ DATE OF BIRTH _____

1. NAME: _____ DATE OF BIRTH _____

CITY/STATE OF BIRTH: _____ MALE: _____ FEMALE _____

AGE AT TIME OF APPLICATION: _____ BIOLOGICAL CHILD? YES NO

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

2. NAME: _____ DATE OF BIRTH _____

CITY/STATE OF BIRTH: _____ MALE: _____ FEMALE _____

AGE AT TIME OF APPLICATION: _____ BIOLOGICAL CHILD? YES NO

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

3. NAME: _____ DATE OF BIRTH _____

CITY/STATE OF BIRTH: _____ MALE: _____ FEMALE _____

AGE AT TIME OF APPLICATION: _____ BIOLOGICAL CHILD? YES NO

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____



THE WHITETOP BAND OF NATIVE INDIANS

Please list the names of your Ancestors on this page.
Attach pages with additional information if necessary.

ANCESTORS OF PRIMARY APPLICANT

APPLICANTS' NAME: _____ DATE OF BIRTH: _____

1. I AM THE SON ___ DAUGHTER ___

MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____

2. I AM THE SON ___ DAUGHTER ___

MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____

3. I AM THE SON ___ DAUGHTER ___

MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____

DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____



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4. I AM THE SON ___ DAUGHTER ___
MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____
5. I AM THE SON ___ DAUGHTER ___
MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____
6. I AM THE SON ___ DAUGHTER ___
MOTHER: _____ FATHER: _____

DATE OF MOTHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF MOTHER'S DEATH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S BIRTH: _____ CITY, COUNTY, STATE: _____
DATE OF FATHER'S DEATH: _____ CITY, COUNTY, STATE: _____



THE WHITETOP BAND OF NATIVE INDIANS

Please list the names of any family member that is a current Citizen.
Attach pages with additional information if necessary.

1. Name: _____ Date of Birth: _____ Tribal Number: _____
2. Name: _____ Date of Birth: _____ Tribal Number: _____
3. Name: _____ Date of Birth: _____ Tribal Number: _____
4. Name: _____ Date of Birth: _____ Tribal Number: _____
5. Name: _____ Date of Birth: _____ Tribal Number: _____
6. Name: _____ Date of Birth: _____ Tribal Number: _____
7. Name: _____ Date of Birth: _____ Tribal Number: _____
8. Name: _____ Date of Birth: _____ Tribal Number: _____
9. Name: _____ Date of Birth: _____ Tribal Number: _____
10. Name: _____ Date of Birth: _____ Tribal Number: _____
11. Name: _____ Date of Birth: _____ Tribal Number: _____
12. Name: _____ Date of Birth: _____ Tribal Number: _____
13. Name: _____ Date of Birth: _____ Tribal Number: _____
14. Name: _____ Date of Birth: _____ Tribal Number: _____
15. Name: _____ Date of Birth: _____ Tribal Number: _____



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I certify that all the information above is accurate to the best of my knowledge and understand that any false information will render this application void. I also certify that I am not a citizen of any other tribe.

APPLICANT'S
SIGNATURE: _____ DATE: _____

Spouse of applicant must sign this line if Citizenship is desired.

SIGNATURE OF
SPOUSE: _____ DATE: _____

*If you are currently a member of another tribe, a notarized relinquishment form will be required for Citizenship.

THE TRIBE OF THE WHITETOP BAND OF NATIVE INDIANS, INC

P.O. BOX 867, GEORGETOWN, KY 40324

RECEIVED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____