



APPLICATION FOR TRIBAL MEMBERSHIP ENROLLMENT COVER PAGE

*****PLEASE READ CAREFULLY*****

Complete the attached application to the best of your knowledge. In order for this application to be reviewed in a timely manner at an upcoming Tribal Meeting the following documents **MUST** be **submitted**:

1. **Copy of State Issued Birth Certificate**
2. **Copy of the Original Social Security Card**
3. **Legal Guardianship or Adoption Documents** *** If Applicable*

If you have any questions or need further assistance, please feel free to contact:

Steven Mitchell

Tribal Chief

(304)642-5933

cherawofwv@outlook.com

Carol James

Secretary/Genealogy

(304)787-1636

Application for Tribal Membership Enrollment

Cheraw Of West Virginia

SECTION 1: APPLICANT - VITAL INFORMATION

ORIGINAL BIRTH CERTIFICATE & COPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE

Date: _____ Daytime Phone#: _(_____)_____

Applicant Name: _____
FIRST MIDDLE LAST

Applicant Mailing Address: _____
PO BOX/ROUTE# CITY STATE ZIP CODE

Applicant Physical Address: _____
(If different from mailing) ROUTE# CITY STATE ZIP CODE

Applicant Gender: Male Female Applicant Date of Birth: _____

Applicant Social Security #: _____ -- _____ -- _____

Applicant E-Mail Address: _____

Section below for Applicant over the Age of 18.

Is the Applicant Head of Household: Yes No

Is the Applicant a Veteran: Yes No

Applicant's Marital Status: Single Married Divorced Widowed Separated

THIS SECTION FOR CHERAW OF WV TRIBAL ENROLLMENT STAFF USE ONLY

Enrollment Staff: Please copy all original documents submitted with this application. Date stamp all copies.

Original Birth Certificate Submitted: Date: _____ Copy of Social Security Card Submitted: Date: _____

SECTION 2: APPLICANT - BIOLOGICAL MOTHER INFORMATION

Biological mother of applicant: _____

Is biological mother married: Yes No If yes, maiden name: _____

Biological mother's nationality:

Native American Hispanic Black Caucasian

If checked Native American please answer the following questions: (If not please continue to Section 3)

Cheraw of WV Tribal Member: Yes No Tribal ID #: _____ (If yes please continue to Section 3) If

biological mother is an enrolled member of another Tribe please provide the following information:

Enrolled Member of: _____

Enrollment #: _____

Enrollment Department Phone #: _(_____)_____

SECTION 3: APPLICANT - BIOLOGICAL FATHER INFORMATION

Biological father of applicant: _____

Biological father's nationality:

Native American Hispanic Black Caucasian

If checked Native American please answer the following questions: (If not please continue to Section 4)

Cheraw of WV Member: Yes No Tribal ID #: _____ (If yes please continue to Section 4)

If biological father is an enrolled member of another Tribe please provide the following information:

Enrolled Member of: _____

Enrollment #: _____

Enrollment Department Phone #: __ (____) _____

SECTION 4: APPLICANT – LEGAL GUARDIAN(S) INFORMATION

Does the applicant have a legal guardian? Yes No (If no please continue to Section 5)

If yes, legal court document must be submitted with this application.

Legal Guardian(s) of Applicant: _____

Legal Guardian(s) Mailing Address: _____

Check here if same as applicant PO BOX/ROUTE# CITY STATE ZIP CODE

Legal Guardian(s) Physical Address: _____

(If different from mailing) ROUTE# CITY STATE ZIP CODE

Check here if same as applicant

Daytime Phone#: __ (____) _____ Email Address: _____

SECTION 5: APPLICANT – LEGAL ADOPTION INFORMATION

Has the Applicant been legally adopted? Yes No (If no please continue to Section 6)

If yes, legal court document(s) must be submitted with this application.

Has the Applicant's birth certificate been amended due to adoption? Yes No

If yes, amended birth certificate and social security card with name change must be submitted with this application.

Adoptive Parent(s) of Applicant: _____

Adoptive Parent(s) Mailing Address: _____

Check here if same as applicant PO BOX/ROUTE# CITY STATE ZIP CODE

Adoptive Parent(s) Physical Address: _____

(If different from mailing) ROUTE# CITY STATE ZIP CODE

Check here if same as applicant

Daytime Phone#: __ (____) _____ Email Address: _____

SECTION 6: APPLICANT – OTHER TRIBE INFORMATION

Does Applicant have an enrollment application “pending” with any other Tribe? Yes No

If YES – Name of Tribe/Contact Info: _____

Is Applicant enrolled with any other federally/state recognized Tribe?

Yes

No (If no please continue to Section 8)

If YES – Name of Tribe/Contact Info: _____

If YES – Is Applicant in the process of relinquishing from above Tribe? Yes No

If YES – Has Applicant received any Per Capita/Royalty payments from any other Tribe? Yes No

(SIGNATURE OF APPLICANT -
IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN ON THEIR BEHALF) Date: _____

(PRINT NAME)

**CHERAW OF WEST VIRGINIA AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION FORM**

APPLICABILITY

(PRINT APPLICANT NAME) Is this form applicable? Yes No

IF NOT APPLICABLE

If no, reason: _____

(APPLICANT SIGNATURE – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN) (DATE)

IF APPLICABLE

I, _____,
(PRINT APPLICANT NAME – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST PRINT)

(APPLICANT DATE OF BIRTH) & _____
(APPLICANT TRIBAL ID# IF APPLICABLE)

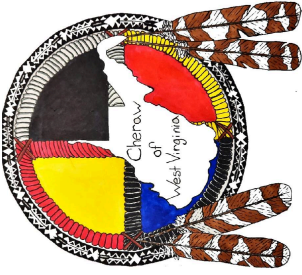
I hereby authorize the _____
to provide my information, my child's information as named above, or child as named above under my legal care,
regarding enrollment status and or Certificate of Tribal Enrollment & Certificate Degree of Indian Blood to the Cheraw
of WV Tribal Operations & Enrollment Department via delivery by any of the following methods:

- Mailing Address:
Cheraw Of WV
PO BOX 106, Hambleton WV,26269
- Email: cherawofwv@outlook.com

(SIGNATURE – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN)

(DATE)

Self Parent Adoptive Parent Legal Guardian



Cheraw of West Virginia

Applicant First Name

Applicant Middle Name

Applicant Last Name

DOB:

Please fill out to the best of your knowledge

Biological Father

DOB:

Biological Mother

DOB:

Grand Father -- DOB

Grand Mother -- DOB

Grand Father -- DOB

Grand Mother -- DOB

Great Grand Father -- DOB

Great Grand Mother -- DOB

Great Grand Father -- DOB

Great Grand Mother -- DOB

Great Grand Father -- DOB

Great Grand Mother -- DOB

Great Grand Father -- DOB

Great Grand Mother -- DOB