



“ALL” REGISTRATION PACKETS SHOULD BE MAILED TO:

**Natchitoches Tribe of Louisiana
P.O. Box 85
Campti, LA 71411**

PLEASE NOTE:

- 1. WHEN THIS REGISTRATION IS RECEIVED, IT ALONG WITH ANY DOCUMENTS PROVIDED, BECOMES THE PROPERTY OF THE NATCHITOCHES NATION.**
- 2. PROCESSING THE APPLICATION COULD TAKE 1 TO 6 MONTHS IF ALL NECESSARY DOCUMENTS HAVE BEEN SUPPLIED.**
- 3. THE BURDEN OF PROOF RESTS UPON YOU TO ESTABLISH YOUR ELIGIBILITY FOR ENROLLMENT.**
- 4. UPON ADMISSION TO THE NATCHITOCHES TRIBE OF LOUISIANA, YOU WILL BE REQUIRED TO SUBMIT ANY CHANGE OF CONTACT INFORMATION.**

Are you a Natchitoches Native American?

Chances are very probable that you are a Natchitoches Indian if you have ancestors that lived in Northwestern Louisiana and surrounding areas whose surnames were: Trichel, Sanchez, Perot, Almond, Dortolon, Desadier, Simon, LeBrun, Meziere, David, DelRio, Rachal, Grappe, Perez, Pardee, Grillet, Winnon, Y'Barbo, Bienville, Braudion, Bynog, Vercher and many others.

Please don't question your relationship if the spelling of names is not exact. Names are all spelled in multiple ways, but the families are still the same. People wrote names by the way that the name sounded to them when spoken. They may have even purposely changed the spelling of their names. There was/is not any law against spelling your name the way that you want to spell it.

The purpose of this process is to identify family members that wish to join our Tribal registry and be included in our application for Federal Recognition. Until we prove our ancestry the Federal Government views us as a group of people working within a non-profit corporation with the goal of acquiring Federal acknowledgement of a Tribal Nation.

Our tribe has obtained Louisiana State recognition and in the future plans to petition the federal government for the same. **Therefore we require you to submit any changes for contact.** Following recognition, more than likely, the process will become more restrictive when it comes to registration.

Here is the process for registration:

1. Every person over 18 must mail in an originally signed registration form as proof of his/her desire to become a member of the tribe.
2. Complete forms for each family parents and their children under the age of 18. Children 18 yrs or older enrolled in school or college will be considered under their parent's care. Disabled children older than 18 will be considered part of this family unit. Grandchildren are not part of a family unit unless approved by chief or vice chief. We do make exceptions for grandparents who are raising their grandchildren and for those who have financial need. If you have questions or are in need of re-consideration of the rules, please contact the chief or vice-chief on the issue.
3. A copy of each person's birth certificate stating their parent's name must be sent in with the registration packet.
4. A registration donation is requested, but not required, by the tribe for the expenses of research, office supplies, and mailing. \$25 per person or \$50 per family. A check or money order at this time please.

5. Mail signed application, birth certificates/documentation and donations to:

Natchitoches Tribe of Louisiana, P.O. Box 85, Campti, LA 71411

What the NN does to protect your personal information.

Your personal information that the NTL collects is your birth, death, baptismal and other documents to verify who you and your ancestors are. Only Officers have access to these files and all are required to sign a Non-Disclosure Agreement. Your personal information is never put on the Internet; it is kept in secured filing cabinets and buildings.

For more information concerning our tribe and/or your link to NTL, you may call:

**Fred Simon - Primary Chief
541-619-4024**

or

**David Stevenson Vice Chief
318-557-7449**



Natchitoches Tribe of Louisiana

Registration Request Form

Date: _____ Phone #: _____

Person seeking enrollment:

Mailing
Address: _____

Primary Email:

List all other names you have used (maiden, married, aliases)

Date of Birth:

Month Day Year

Place of Birth:

Biological/Natural Father

Biological/Natural Mother

I, the undersigned applicant, do confirm that the information given in this application is true and correct to the best of my knowledge.

Signature of Applicant

Name: _____
 Address: _____
 Telephone: (A/C _____)

ANCESTRY CHART

CHART NO. cont.
chartPerson No. 1 on this chart is the same
person as No. _____ on chart No. _____

KEY TO ABBREVIATIONS:
 b. Date of Birth
 p.b. Place of Birth
 m. Date of Marriage
 p.m. Place of Marriage
 d. Date of Death
 p.d. Place of Death
 Write dates as month, day, year [Oct 2, 1978]
 Write places as city or town, (county), state
 [Chicago (Cook) Illinois]

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry father back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.

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| 1 | b. p.b. m. p.m. d. p.d. | 2 | b. p.b. m. p.m. d. p.d. | 3 | b. p.b. d. p.d. | 4 | b. p.b. m. p.m. d. p.d. | 5 | b. p.b. d. p.d. | 6 | b. p.b. m. p.m. d. p.d. | 7 | b. p.b. d. p.d. | 8 | b. p.b. m. p.m. d. p.d. | 9 | b. p.b. d. p.d. | 10 | b. p.b. m. p.m. d. p.d. | 11 | b. p.b. d. p.d. | 12 | b. p.b. m. p.m. d. p.d. | 13 | b. p.b. d. p.d. | 14 | b. p.b. m. p.m. d. p.d. | 15 | b. p.b. d. p.d. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Father of No. 1) | | | | | | | | | | | | | | | (Father of No. 2) | | | | | | | | | | | | | | | (Father of No. 3) | | | | | | | | | | | | | | | (Father of No. 4) | | | | | | | | | | | | | | | (Father of No. 5) | | | | | | | | | | | | | | | (Father of No. 6) | | | | | | | | | | | | | | | (Father of No. 7) | | | | | | | | | | | | | | |
| (Mother of No. 1) | | | | | | | | | | | | | | | (Mother of No. 2) | | | | | | | | | | | | | | | (Mother of No. 3) | | | | | | | | | | | | | | | (Mother of No. 4) | | | | | | | | | | | | | | | (Mother of No. 5) | | | | | | | | | | | | | | | (Mother of No. 6) | | | | | | | | | | | | | | | (Mother of No. 7) | | | | | | | | | | | | | | |
| (Spouse of No. 1) | | | | | | | | | | | | | | | (Spouse of No. 2) | | | | | | | | | | | | | | | (Spouse of No. 3) | | | | | | | | | | | | | | | (Spouse of No. 4) | | | | | | | | | | | | | | | (Spouse of No. 5) | | | | | | | | | | | | | | | (Spouse of No. 6) | | | | | | | | | | | | | | | (Spouse of No. 7) | | | | | | | | | | | | | | |

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Attn: Information Collection Clearance Officer – Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

NAME OF MEMBER'S FATHER: _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

NAMES OF MEMBER'S BROTHERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

NAMES OF MEMBER'S SISTERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

(Name of person preparing this chart if not a member of the group) (Date prepared)

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 2 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer – Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.