

**Pascagoula River Tribe™  
P.O. Box 5652  
Vanceleave, MS 39565**

## **Check List for Application**

*Incomplete applications will not be submitted to the BIA. It is your responsibility to make sure that your application is complete. Please see the check list below when submitting applications.*

**Each applicant will need to include:**

- 1. Birth certificates (long form with parents listed)**
- 2. Marriage records.**
- 3. Complete Signed Application. 5 pages with Family Tree.**
  - 3.1 Signature Form**
  - 3.2 Official Registration**
  - 3.3 Declaration of Membership**
  - 3.4 Genealogy (Provide as much information as possible)**
  - 3.5 Family Tree (Provide maiden names for mothers and birth dates)**
- 4. Family Tree (Genealogy) with as much information as possible.**
- 5. Military Documents are not required but are welcomed.**

# Pascagoula River Tribe

(Formally known as: Live Oak Indian People of SEMS)

Office of Federal Acknowledgement

Mailstop MS – 34B – SIB

1951 Constitution Ave

Washington, DC 20240

Dear Assistant Secretary – Indian Affairs,

I, \_\_\_\_\_, am a member of the **Pascagoula River Tribe** formally known as: **Live Oak Indian People of SEM** and not a member of any other federally or state recognized Native American Tribe, band or group.

## Article XIV - Conduct Clause

Sec.1 – No person shall attend any council meetings under the influence of alcohol or illegal drugs.

Sec. 2 – Any member exhibiting unbecoming behavior during Tribal or Council meetings and/or Tribal functions may be removed by a simple vote of the Council.

Sec. 3 – Any member endangering the unity of the Tribe can and may be banished by a unanimous vote of the council.

*I am aware of the conduct clause in our Constitution and Bylaws and have carefully read them and I am willing to abide by them.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## Pascagoula River Tribe

Formally Known as: LIVE OAK INDIAN PEOPLE OF SOUTH EAST MISSISSIPPI

### OFFICIAL REGISTRATION

Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**(YOUR EMAIL WILL NOT BE SHARED WITH ANYONE WITHOUT YOUR PERMISSION.  
This information is strictly used by the Council to communicate with its members.)**

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tribe: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tribe: \_\_\_\_\_

County Born In: \_\_\_\_\_

Guardian if under age 18: \_\_\_\_\_

Married to: \_\_\_\_\_

Number of Children: \_\_\_\_\_

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Office Use Only

Accepted by Pascagoula River Tribe : \_\_\_\_\_  
(Chairman or Vice Chairman)

Accepted by Pascagoula River Tribe : \_\_\_\_\_  
Membership Registration (Registration Committee Chairman or Council Member)

Assigned Membership Number : \_\_\_\_\_  
This will also be your voter registration number.

[illegible]

I, \_\_\_\_\_,  
am a member of the **PASCAGOULA RIVER TRIBE**. I am not a member of any other Native  
American Tribe, State or Federally recognized or Native American group.

Below are my biological minor children.

Name:

Male/Female

Date of Birth:

[illegible]

### Member's Biological Children over the age of 18 years

Name: \_\_\_\_\_

Male/Female

Date of Birth:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.



# Genealogy

Member's Father's Name: \_\_\_\_\_

Member's Mother's Name (Maiden): \_\_\_\_\_

Names of Members Brothers:

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Names of Members Sisters:

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Name of person preparing if not Member: \_\_\_\_\_

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.

# ANCESTRY CHART

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (A/C \_\_\_\_\_)

Person No. 1 on this chart is the same person as No. \_\_\_\_\_ on chart No. \_\_\_\_\_

CHART NO.

TO ABBREVIATIONS:  
Date of Birth  
Place of Birth  
Date of Marriage  
Place of Marriage  
Date of Death  
Place of Death  
e dates as month, day, year [Oct 2, 1978]  
e places as city or town, (county), state  
cago (Cook) Illinois]

1  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

2  
(Father of No. 1)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

3  
(Mother of No. 1)  
b.  
p.b.  
d.  
p.d.

4  
(Father of No. 2)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

5  
(Mother of No. 2)  
b.  
p.b.  
d.  
p.d.

6  
(Father of No. 3)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

7  
(Mother of No. 3)  
b.  
p.b.  
d.  
p.d.

(Spouse of No. 1)  
b.  
p.b.  
d.  
p.d.

8  
(Father of No. 4)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

9  
(Mother of No. 4)  
b.  
p.b.  
d.  
p.d.

10  
(Father of No. 5)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

11  
(Mother of No. 5)  
b.  
p.b.  
d.  
p.d.

12  
(Father of No. 6)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

13  
(Mother of No. 6)  
b.  
p.b.  
d.  
p.d.

14  
(Father of No. 7)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

15  
(Mother of No. 7)  
b.  
p.b.  
d.  
p.d.