

ATTACHMENT 10



Frequently Asked Questions

1. How do I enroll in the Natchitoches Tribe of Louisiana?

The Natchitoches Tribe of Louisiana does not use blood quantum, however, we do require that you are able to identify your relationship to the Tribe through lineal descendancy. You must submit documentation that include an unbroken chain of birth and/or death certificates, or other legal documentation.

2. Can a DNA Test determine if I am Native American and a member of the Natchitoches Tribe?

DNA tests cannot determine whether you are a Tribal member. DNA tests are not an exact science, and one individual in the family may have different markers than another, thus creating inconsistencies in identification. DNA tests are helpful, however, in identifying paternity and family relations. Finding out if you have Native American ancestry through a DNA test does not mean that your Native American ancestry is Natchitoches. Keep in mind that DNA tests cannot conclusively say that you are Native American, they can only indicate that you have possible ancestry. The reasons for these discrepancies is based on the fact that each testing organization's database will have an incomplete sampling of Native American individuals. For these reasons, we recommend reading the National Congress of American Indian's comments, as well as reviewing their guidance in the [NCAI Genetics Resource Center](#). We also recommend Dr. Kim Tallbear's book [Native American DNA](#).

3. What benefits am I eligible for as an enrolled member of the Natchitoches Tribe of Louisiana

The Natchitoches Tribe of Louisiana is a State-Recognized Tribe and thus not a Federally Recognized Tribe. For this reason, we are not eligible for many of the supports offered to Federally Recognized Tribes. As a Tribal member, the most important benefit is honoring our ancestors, contributing to the building of our community and working together to ensure that our history, culture, traditions and knowledge are sustained. As a State Recognized Tribe, however, we are eligible for the following benefits:

- (a) Scholarships: There are grant and scholarship opportunities available to members of State-Recognized Tribes, please check with the American Indian College Fund. In addition, please check with your individual state as to whether Native American scholarships will apply for you. The Federal Indian Health Service offers Indian Health Service preparatory and pre-graduate scholarships for State Recognized Tribes, as well as terminated American Indian tribes or Alaska Native villages, please inquire through the appropriate agencies.
- (b) Health: In some states, the Indian Health Service will provide low cost or free health services to members of State-Recognized Tribes, however, this varies from state to state. Please check with your local Indian Health Service for more information.
- (c) Artwork: As defined by the Indian Arts and Crafts Enforcement Act, State-Recognized Tribal members may sell their artwork as Indian made.
- (d) Language Preservation and Economic Development: State-Recognized Tribes along with Federally Recognized Tribes are eligible for Federal grant funding under the Administration for Native Americans.
- (e) Four Federal agencies—the U.S. departments of Housing and Urban Development, Labor, Education, and Health and Human Services—have the statutory and regulatory authority to provide funding for State-Recognized Tribes.

4. How might I assist the Natchitoches Tribe in realizing community goals that benefit everyone in Natchitoches parish and beyond?

- (a) Please join us as *Taysha*-Partners and allies in helping to build community by giving to the Natchitoches Tribe of Louisiana. Your gift will go a long way in seeing a forward future for everyone in Natchitoches and surrounding communities. To join hands with us please use this Link to gift the Natchitoches Tribe of Louisiana or mail your donation to Natchitoches Tribe of Louisiana, P.O. Box 85 Campti, LA 71411

Haw'wih

NATCHITOCHEs TRIBE OF LOUISIANA



PO BOX 85, CAMPTI, LOUISIANA 71411

Requirements and Vetting Process for Citizenship in the Natchitoches Tribe of Louisiana

The Federal Office of Recognition and its branch, The Bureau of Indian Affairs, have set forth requirements.

All persons applying for acceptance to a Federal American Indian Nation or Tribe must prove that they are the descendant of an American Indian and supply legal documentation from themselves to their American Indian ancestor.

All applicants must submit a signed request to become a citizen of any American Indian Nation or Tribe.

The Federal Government of the U.S.A. has decided to let each Nation or Tribe to set their requirements on Blood Quantum. The Natchitoches Tribe of Louisiana determines membership by lineal descent by a vote of our Tribal Council.

Our Vetting Process:

All adult applicants must fill out and sign our request to join application, minors included in their parent's application need not sign. This application is on our website "natchitochestribe.org".

Copies of documents that need to be included with application are:

- A birth certificate for each person included in application,
- A birth or death certificate for persons, parents and grandparents and relevant ancestors
- Documents which identify your American Indian blood line and where it is from
- Documents must have both parents' and children's names on it.
- Census records can also be used and other legal documents.
- You must supply documents for all persons born after 1940.
- A letter telling us why you wish to join our Tribe and about your family's history.
- Your American Indian ancestor must be one of our accepted ancestors.

Your application will be reviewed by our enrollment (vetting) committee. Should your application be accepted, membership cards with Tribal ID numbers will be issued. Should you be rejected, your application will be returned with explanations.



**"ALL" REGISTRATION PACKETS SHOULD BE
MAILED TO:**

Natchitoches Tribe of Louisiana

P.O. Box 85

Campti, LA 71411

***PLEASE NOTE: WHEN THIS REGISTRATION IS
RECEIVED, IT ALONG WITH ANY DOCUMENTS
PROVIDED, BECOME PROPERTY OF THE
NATCHITOCHE TRIBE OF LOUISIANA.
NOTE ALSO IT COULD TAKE 1 TO 6 MONTHS TO
PROCESS YOUR REGISTRATION IF YOU HAVE
SUPPLIED ALL NECESSARY DOCUMENTS.***

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, Beaudion, Vercher and many others. Please don't question your relationship if the spelling of names are 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.

Our tribe has obtained Louisiana State recognition and in the future plan to petition the federal government for the same. Following recognition, more than likely, the process will become more restrictive when it comes to registration.

The Natchitoches Tribe of Louisiana (NTL) Constitution's blood quorum is one drop at this time.

Here's what to do to register:

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 unit. A family unit consist of "one" set of parents and their children under the age of 18. Children 18 yrs or older enrolled in school or college will be considered under their parents 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. If for some reason your parent is not listed on your birth certificate, request an "Acknowledgment of Paternity" form by email or phone.
4. A registration donation is requested by the tribe for the expenses of research, office supplies, and mailing. \$25 per person or \$50 per family.
5. Mail signed application, birth certificates/documentation and donations to:
Natchitoches Tribe of Louisiana, P.O. Box 85, Campti, LA 71411

**FOR PAYPAL REMITTANCE, DEBIT OR CREDIT CARD USE,
GO TO: paypal.me/ntldontation**

What the NTL 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.*
- *The NTL doesn't give this information to anyone, and only Council members have access to these files.*
- *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
NTL 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:

Last Name First Middle

Mailing

Address: _____

City

State

Zip Code

Primary Email: _____

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

Date of Birth: _____

Month

Day

Year

Place of Birth: _____

City

Parish/County

State

Country

Biological/Natural Father

Biological/Natural Mother

PLEASE NOTE: WHEN THIS REGISTRATION IS RECEIVED, IT ALONG WITH ANY DOCUMENTS PROVIDED, BECOME PROPERTY OF THE NATCHITOCHEs TRIBE OF LOUISIANA.

NOTE ALSO IT COULD TAKE 1 TO 6 MONTHS TO PROCESS YOUR REGISTRATION IF YOU HAVE SUPPLIED ALL NECESSARY DOCUMENTS.

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

FOR OFFICE USE ONLY

Date Application Received: _____

Preliminary Finding: _____

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. A n 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.

ANCESTRY CHART

Name: _____

Address: _____

Telephone: (A/C _____) _____

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

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 farther 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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|---|--|---|--|
| 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. | | 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. | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|---|--|---|--|

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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)

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Name: _____

Address: _____

Telephone: (A/C _____) _____

ANCESTRY CHART

Person No. 1 on this chart is the same
person as No. _____ on chart No. _____CHART NO. cont.
chart

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]

4

b.

(Father of No. 2)

p.b.

m.

p.m.

d.

p.d.

8

b.

(Father of No. 4)

p.b.

m.

p.m.

d.

p.d.

cont.
chart

9

b.

(Mother of No. 4)

p.b.

d.

p.d.

cont.
chart

10

b.

(Father of No. 5)

p.b.

m.

p.m.

d.

p.d.

cont.
chart

11

b.

(Mother of No. 5)

p.b.

d.

p.d.

cont.
chart

12

b.

(Father of No. 6)

p.b.

m.

p.m.

d.

p.d.

cont.
chart

13

b.

(Mother of No. 6)

p.b.

d.

p.d.

cont.
chart

14

b.

(Father of No. 7)

p.b.

m.

p.m.

d.

p.d.

cont.
chart

15

b.

(Mother of No. 7)

p.b.

d.

p.d.

2

(Father of No. 1)

b.

p.b.

m.

p.m.

d.

p.d.

5

b.

(Mother of No. 2)

p.b.

d.

p.d.

1

b.

p.b.

m.

p.m.

d.

p.d.

6

b.

(Father of No. 3)

p.b.

m.

p.m.

d.

p.d.

3

(Mother of No. 1)

b.

p.b.

d.

p.d.

7

b.

(Mother of No. 3)

p.b.

d.

p.d.

b.

(Spouse of No. 1)

p.b.

d.

p.d.

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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 farther 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.



Natchitoches Tribe of Louisiana

TRIBE MEMBERSHIP CERTIFICATE FORM

Date: _____ **Membership Number** _____

Person Requesting ID: (Note-Name must be exact name on Membership issued card)

Last Name **First** **Middle**

Mailing Address

City **State** **Zip Code**

Primary Email: _____ **Phone;** _____

Please submit the following:

- 1. \$10.00 Check or Money Order payable to The Natchitoches Tribe of Louisiana.**

This form and payment must be mailed to:

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

OFFICE USE ONLY

Date Order Received: _____ **Date Processed** _____



Natchitoches Tribe of Louisiana

TRIBE PLASTIC MEMBERSHIP ID ORDER FORM

Date: _____ Membership Number _____

Person Requesting ID: (Note-Name must be exact name on Membership issued card)

Last Name First Middle

Street Number Street Name

City State Zip Code

Primary Email: _____ Phone: _____

Please submit the following:

1. \$10.00 Check or Money Order payable to The Natchitoches Tribe of Louisiana.
2. A passport type photo (a picture taken with a phone and cropped and is an option).
3. A copy of a Government issued ID with a photo. (to validate you).
4. A copy of your Tribe Membership Card.

Mail Payment, Documents and Picture To:

Natchitoches Tribe of Louisiana

P.O. Box 85

Campti, LA 71411

You may email all, except payment to "natchitochestribeoflouisiana@gmail.com"

Please email picture in JPEG format with the name such as "John.jpeg"

OFFICE USE ONLY

Date: Received _____ Processed _____ Approved _____



REVISION: Orig-09 Mar 2025

BL-005f

Natchitoches Tribe of Louisiana
Membership Resignation and Request for Records

When any application is sent for Tribal Register membership, the first page of the application states: "PLEASE NOTE: WHEN THIS REGISTRATION IS RECEIVED, IT ALONG WITH ANY DOCUMENTS PROVIDED, BECOME PROPERTY OF THE NATCHITOCHE TRIBE OF LOUISIANA."

Your resignation will impact the following entities.

1. The Tribal Register will remove your name upon receipt of this form. Your removal from the Tribal Register means that your information will not be submitted to the Federal government as part of the Federal Tribal Recognition Application.
2. The 501(c)(3) Natchitoches Tribe of Louisiana Nonprofit Corporation will remove your name from the volunteer rolls and end all rights to associated media platforms. You will no longer receive any information (via any media) from this entity regarding progress towards Federal Tribal Recognition. You will no longer be accepted as a volunteer to assist in this process.

Requester cannot use this document for Children over the age of 18 years.

Each emancipated adult must submit a separate request. No information can be returned to any other family member.

All Tribal ID cards of the "tribal citizen" and their minor children must be returned with submission of this document.

This form must be sent by certified mail to: Chief Fred D. Simon, 305 3rd Street, Pioneer, LA 71266

Tribal Register Member ID _____

I hereby withdraw my consent to both the Tribal Register and the 501(c)(3) Natchitoches Tribe of Louisiana Nonprofit Corporation for the use of any of my personal information, documents or likeness. I understand that I may not withdraw such use from my emancipated offspring over the age of 18 years for their membership qualifications.

I further understand I may not re-apply for a membership for five years.

I also withdraw and request the following records for the minor children in my custody. If more space is needed continue on the back of this form.

Name: _____ NTL Member ID _____

Name: _____ NTL Member ID _____

Name: _____ NTL Member ID _____

Signed: _____ **Print Name:** _____

Please return all records of the above person(s) (me and minors) to the following address by Restricted Certified Return Receipt mail:

Street
Address: _____ City: _____

State: _____ Zip Code _____

Official Use

Process Completed _____ Date _____