

**TUSCARORA BAND OF SIX NATIONS INDIANS**  
**TUSCARORA CONFEDERACY INDIVIDUAL TRIBAL HISTORY CHART**  
(To be completed and signed by Adults.)

MEMBER'S NAME: \_\_\_\_\_ CLAN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

LAST FOUR OF SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE/CELL: \_\_\_\_\_

NAME OF MEMBER'S WIFE/HUSBAND WITH DATE AND PLACE OF MARRIAGE

\_\_\_\_\_

NAMES OF MEMBER'S CHILDREN WITH DATES OF BIRTH AND PLACE OF BIRTH

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

NAME OF MEMBER'S FATHER:

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

\_\_\_\_\_

**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, 1849 C Street, NW, MS-4141, Washington, DC 20240. 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.

## 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 | _____ |

I attest that I am not enrolled in any other Tribe, Band, or Nation. Other tribal enrollment is prohibited by customs, tribal, and federal laws.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Relationship to Application\_\_\_\_\_  
(Date Prepared)

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

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

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

## ANCESTRY CHART

CHART NO. \_\_\_\_\_

Person 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 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.

cont.  
chartcont.  
chartcont.  
chartcont.  
chartcont.  
chartcont.  
chartcont.  
chartcont.  
chartcont.  
chart

2

(Father of No. 1)

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

5

(Mother of No. 2)

b.  
p.b.  
d.  
p.d.

1

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

3

(Mother of No. 1)

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.

**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, 1849 C Street, NW, MS-4141, Washington, DC 20240. 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.