



Eastern Band of Cherokee Indians Enrollment Application

Notice: The burden of proof is the responsibility of the applicant. The applicant or their legal guardian is responsible for producing any documentation and DNA related fees that may be required for completion of the application.

Enrollment Requirements:	A Complete Enrollment Application must contain:
<p>To be enrolled as a member of the Eastern Band of Cherokee Indians it is necessary that a person meet the requirements specified in Cherokee Code - Chapter 49, Enrollment:</p> <ol style="list-style-type: none"> (1) A direct lineal ancestor must appear on the 1924 Baker Roll of the Eastern Band of Cherokee Indians. (2) You must possess at least 1/16 degree of Eastern Cherokee Blood. <i>(Blood Quantum is calculated from your ancestor that is listed on the 1924 Baker Roll. No DNA testing is performed or acceptable for this calculation.)</i> <p style="text-align: center; margin-top: 20px;">To view the Enrollment Ordinance online visit: http://library.municode.com/index.aspx?clientId=13359</p>	<ul style="list-style-type: none"> ❖ County Certified Birth Certificate (State Certified Birth Certificates will only be accepted when the county does not issue birth records) MUST SUBMIT LONG FORM BIRTH CERTIFICATE THAT SHOWS PARENT NAME(S). ❖ Results of DNA Testing establishing the probability of paternity/maternity through whom lineage is claimed (Contact information is attached) ❖ Photo copy of Social Security Card (Applications will be presented to the Enrollment Committee without a copy of the Social Security Card, however, an Enrollment Card will not be issued until the Social Security Card is submitted to the Enrollment Office) ❖ Completed Form W9 ❖ Verification from other Federally recognized Tribe if applicant has other Indian blood ❖ Page 4 of the application signed by parent or guardian

DNA Testing Information
<p>The Tribal Enrollment Office must receive certified DNA testing results establishing the paternity and/or maternity of the applicant from a lab acceptable to the Tribal Enrollment Committee. If applicant has been DNA tested as a result of a Child Support case or a Court Order please contact the Tribal Enrollment Office. Testing results from those organizations may be acceptable.</p> <p>Notice: If you are unsure if you meet the 1/16th blood quantum minimum please contact the Tribal Enrollment Office prior to scheduling your DNA test. Toll Free #: (800)357-2771 or (828)359-6467/6465.</p> <p><u>Please contact Michelle Stiles to schedule your DNA Test at the Cherokee Enrollment Office or Amber Harris for out of town DNA tests.</u></p> <ul style="list-style-type: none"> ❖ Michelle Stiles (828) 359-6463 ❖ Amber Harris (918)685-0478

Return completed applications to:
Eastern Band of Cherokee Indians
Tribal Enrollment Office
PO Box 2069
Cherokee, NC 28719



Eastern Band of Cherokee Indians Enrollment Application

Do Not Write In this Space

ANSWER ALL QUESTIONS OR MARK UNKNOWN

Return application to:
Tribal Enrollment Office
PO Box 2069
Cherokee, NC 28719

(Received Stamp)

Revised Roll # _____

Enrollment Date _____

Name of Applicant:		
Maiden Name(if applicable):	AKA:	Circle Gender: Male Female
Date of Birth: / /	Social Security Number: - -	
Is applicant adopted? Yes No	If adopted, Name of adoptive mother:	
Is applicant a U.S. Citizen? Yes No	If adopted, Name of adoptive father:	
City, County & State of birth:		Applicants Phone #:
Current mailing address:		
City:	State & Zip code:	County:
Current physical address:		
Does Applicant live on Tribal Land? Yes No	If yes, what Community on Qualla Boundary:	
	If no, Community on Qualla Boundary of Grandparent:	
If applicant carries Native blood other than Eastern Cherokee it is required the information be listed below. Certification that applicant is not currently enrolled and has not accepted benefits from the other Tribe(s) must be sent directly from the other Tribe(s) to the Tribal Enrollment Office. Fax #: (828)554-6468 or Tribal Enrollment Office, PO Box 2069, Cherokee, NC 28719.		
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):
List all other Tribal blood:		
Is applicant now or has applicant ever been enrolled with any other Tribe of Native Americans?	YES	NO
If yes, list Tribe:	Roll #:	Location:
APPLICANTS BIOLOGICAL MOTHER (MATERNAL)		
Full Name of Mother: (Maiden)		Mothers Roll #:
Mothers date of birth:	Mothers Contact Information:	
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):
Is mother enrolled with any other Tribe of Native Americans?	Yes	No
If so, show: Tribe:	Location:	Roll #:
Is mother living? Yes No	If deceased, show date of death:	Mothers Phone#:
APPLICANTS BIOLOGICAL FATHER (PATERNAL)		
Full Name of Father:		Fathers Roll #:
Fathers date of birth:	Fathers Contact Information:	
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):
Is father enrolled with any other Tribe of Native Americans?	Yes	No
If so, show: Tribe:	Location:	Roll #:
Is father living? Yes No	If deceased, show date of death:	Fathers Phone#:

APPLICANTS BIOLOGICAL GRANDMOTHER (MATERNAL)			
Full Name of Grandmother: _____ (Maiden)		Grandmothers Roll #:	
Grandmothers date of birth:	Grandmothers Contact Information:		
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):	
Is Grandmother enrolled with any other Tribe of Native Americans? Yes No			
If so, show: Tribe: _____		Location: _____	Roll #:
Is Grandmother living? Yes No	If deceased, show date of death: _____		Grandmothers Phone#:
APPLICANTS BIOLOGICAL GRANDFATHER (MATERNAL)			
Full Name of Grandfather: _____		Grandfathers Roll #:	
Grandfathers date of birth:	Grandfathers Contact Information:		
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):	
Is grandfather enrolled with any other Tribe of Native Americans? Yes No			
If so, show: Tribe: _____		Location: _____	Roll #:
Is grandfather living? Yes No	If deceased, show date of death: _____		Grandfathers Phone#:

APPLICANTS BIOLOGICAL GRANDMOTHER (PATERNAL)			
Full Name of Grandmother: _____ (Maiden)		Grandmothers Roll #:	
Grandmothers date of birth:	Grandmothers Contact Information:		
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):	
Is grandmother enrolled with any other Tribe of Native Americans? Yes No			
If so, show: Tribe: _____		Location: _____	Roll #:
Is grandmother living? Yes No	If deceased, show date of death: _____		Grandmothers Phone#:
APPLICANTS BIOLOGICAL GRANDFATHER (PATERNAL)			
Full Name of Grandfather: _____		Grandfathers Roll #:	
Grandfathers date of birth:	Grandfathers Contact Information:		
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):	
Is grandfather enrolled with any other Tribe of Native Americans? Yes No			
If so, show: Tribe: _____		Location: _____	Roll #:
Is grandfather living? Yes No	If deceased, show date of death: _____		Grandfathers Phone#:

If this application was filled out on behalf of a minor or an incompetent please complete the section below			
Name of person who filled out application: _____		Phone #:	
Relationship to applicant: _____		Are you the legal guardian of the applicant? ____Yes ____No	
Your mailing address: _____		City: _____	State & Zip: _____

Release of Information Statement

I hereby authorize the Eastern Band of Cherokee Indians Enrollment Department to release any information necessary to the appropriate Tribal, County, State, Federal or other agencies, in order to determine my eligibility for services. I also authorize the Eastern Band of Cherokee Indians Enrollment Department to obtain any birth record, DNA test, or any other document, at my own expense, that was not provided by me that may aid in the determination of eligibility of the applicant.

Signature of Applicant or Legal Guardian

Date

Acknowledgment of Liability for Statements

I am aware that in executing the foregoing application and making the statements therein set forth and attached thereto, that I am subject to the provision of Section 16C-4(b) (1) of the Cherokee Code, providing that any person who is disenrolled by the Eastern Band of Cherokee Indians based on false or misleading representations they make in the enrollment application process shall be liable for repayment of all funds received from the Eastern Band of Cherokee Indians. I am also aware that in executing the foregoing application and making the statements therein set forth and attached thereto, that I am subject to the provisions of Section 1001, Title 18, U.S.C., providing in effect that any person or persons in connection with any matter within the jurisdiction or any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or documentation, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.

Signature of Applicant or Legal Guardian

Date