

# Application for Enrollment in Stockbridge – Munsee Band of Mohican Indians

Date received by Tribe \_\_\_\_\_

PART I – About your tribe. Check one of the following tribes, I am applying for enrollment

\_\_\_\_\_  Stockbridge – Munsee  \_\_\_\_\_

Part II – About you, the applicant.

LAST NAME	FIRST NAME	JR., SR., ETC.	SEX
INDIAN, MAIDEN OR OTHER NAME BY WHICH KNOWN		SOCIAL SECURITY NUMBER	

C/O \_\_\_\_\_

STREET & NO., OR RTE. & BOX NO.	CITY	STATE	ZIP CODE
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DATE OF BIRTH*	PLACE OF BIRTH
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\*Birth Certificate or baptismal certificate or other evidence of date of birth & parentage must be attached.

Are you a U.S. Citizen? \_\_\_\_\_ What is your Degree of Indian Blood? \_\_\_\_\_ Are you enrolled with another tribe? \_\_\_\_\_

If so, name the tribe \_\_\_\_\_

PART III – About the applicant's (your) family.

FATHER'S NAME \_\_\_\_\_ Degree of Indian Blood \_\_\_\_\_

Enrolled with another tribe?  Yes  No If yes, name tribe \_\_\_\_\_

Father's Father \_\_\_\_\_

Father's Mother (Maiden Name) \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ Degree of Indian Blood \_\_\_\_\_

Enrolled with another tribe?  Yes  No If yes, name tribe \_\_\_\_\_

Mother's Father \_\_\_\_\_

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

PART IV – Certification.

I certify that \_\_\_\_\_, for whom this application is made is the person or is a DESCENDANT BY BLOOD of the Stockbridge – Munsee Tribe. I am aware that criminal penalties are provided by statute for knowingly making false statements. (18 U.S.C. 1001).

Date \_\_\_\_\_ Signature \_\_\_\_\_

If application is filed on behalf of another person as specified in 41.5 of the regulations, fill out below:

Name of person filling application \_\_\_\_\_

Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

If applicant is deceased, show date of death and attach a copy of death certificate or other evidence.

Date of death \_\_\_\_\_

Application Number \_\_\_\_\_ Control Number \_\_\_\_\_