

WESTERN CHEROKEE NATION AT SALEM, MISSOURI
APPLICATION FOR TRIBAL ENROLLMENT

Instructions for Completion of this Application:

- All **signature and initials blocks** must be completed in the presence of the Notary Public that is certifying the identity of the signatory to this instrument.
- Please send **NO original documents**, only photo copies. Submitted documentation becomes property of the Western Cherokee Nation and can not be returned. Remove Social Security numbers from photo-copied documents by completely blacking-out prior to mailing/submission.
- Sequentially number all documents attached beginning with page number "8" as page number "7" is the last pertinent page of this document.
- We are NOT genealogists – we can only verify the validity of the information that you have submitted. You must provide impeccable proof that you are a descendant of a documented Cherokee person. A fully completed application is required for each applicant.
- Send NO MONEY with this application – there is NO FEE for enrollment.
- This form can not be saved. If you close this form, the information that you have entered will not be retained. Please plan to complete the form and print same during one session. In the alternative, you may print the form and complete by hand.

Does applicant hold tribal citizenship / membership with any other tribe?

>>> If No, please continue with application...

>>> **If Yes, there is no reason to continue to complete this form...**

REQUIRED INFORMATION

Preliminary Statements of Understanding:

I have read and Understand the Ethics (on page 6 of this form) that I will be expected to uphold when enrolled in the Western Cherokee Nation and further I understand that my failure to do so may result in my expulsion from the tribe. I acknowledge and understand that lineage alone is not sufficient qualification for enrollment and I understand that the Western Cherokee Nation has the authority to self-determine who makes up the tribe pursuant to Title 25, U.S.C. I understand that there are no monetary benefits for accepted enrollees. Under Penalty of Perjury, I certify that the below information is true, accurate and complete.

Initials indicating acceptance and understanding

Name of Applicant:
Last, First, Middle

Gender: Male Gender: Female

Date of Birth: *DD/MM/YYYY - Numerals Only*

Place of Birth: City County ST

Birth Certificate: Certified photocopy must be attached to this application. Attached: Yes

Electronic Contact Data: *Numerals Only*
Email Address Telephone Number

Mailing Address *Street/Box*

Address line 2

City

ST

Zip

+4

Please state in concise terms why you believe that you are of Western Cherokee descent:

(1,000 Characters & Spaces maximum – this space may be left blank for the minor child of a simultaneous co-applicant))

Are any of your Cherokee ancestors listed within any of the following resources:
Mark all that apply

- Treaty
- Census
- Rolls
- Historical Accounts
- Military Records

Resource Details (Title, Page Number, etc.) 70 Characters and Spaces Maximum per line

Ancestral Documentation:

#1
#2
#3
#4
#5

For each line number completed above, give the full name and your relationship to the person named and documented in the resource cited. 70 Characters and Spaces Maximum per line

Ancestral Documentation Continued:

#1
#2
#3
#4
#5

Name of Mother

DOB:

DD/MM/YYYY - Numerals Only

- Date of Birth
- Place of Birth

City

County

ST

Package Page Number(s) of related documentation: Page

through page

Name of Father

DOB:

DD/MM/YYYY - Numerals Only

- Date of Birth
- Place of Birth

Birth City County ST
Package Page Number(s) of related documentation: Page through page

Name of Maternal Grand Mother DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: through page

Name of Maternal Grand Father DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: Page through page

Name of Paternal Grand Mother DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: Page through page

Name of Paternal Grand Father DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: Page through page

Name of Maternal Great Grand Mother DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: Page through page

Name of Maternal Great Grand Father DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: Page through page

Name of Paternal Great Grand Mother DOB: DD/MM/YYYY - Numerals Only
• Date of Birth City County ST
• Place of Birth Package Page Number(s) of related documentation: through page

Name of Paternal Great Grand Father
 • Date of Birth
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 City County ST
 Package Page Number(s) of related documentation: Page through page

Name of Maternal Great Grand Mother
 • Date of Birth
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 City County ST
 Package Page Number(s) of related documentation: Page through page

Name of Maternal Great Grand Father
 • Date of Birth
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 City County ST
 Package Page Number(s) of related documentation: Page through page

Name of Paternal Great Grand Mother
 • Date of Birth
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 City County ST
 Package Page Number(s) of related documentation: Page through page

Name of Paternal Great Grand Father
 • Date of Birth
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 City County ST
 Package Page Number(s) of related documentation: Page through page

Applicant's Spousal Data:

Last, First, Middle

• Date of Birth
 • Date of Marriage
 • Date of Death or Divorce
 • Place of Birth

DOB: DD/MM/YYYY - Numerals Only
 DOM: DD/MM/YYYY - Numerals Only
 DOD: DD/MM/YYYY - Numerals Only >>> Not Applicable
 City County ST
 Package Page Number(s) of related documentation: Page through page

Applicant's First (eldest) Child

DOB: DD/MM/YYYY - Numerals Only
 City County ST

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

DOB: DD/MM/YYYY - Numerals Only

City County ST

Applicant's Next
Eldest Child

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

DOB: DD/MM/YYYY - Numerals Only

City County ST

Applicant's Next
Eldest Child

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

DOB: DD/MM/YYYY - Numerals Only

City County ST

Applicant's Next
Eldest Child

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

DOB: DD/MM/YYYY - Numerals Only

City County ST

Applicant's Next
Eldest Child

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

Applicant's Next
Eldest Child

DOB: DD/MM/YYYY - Numerals Only

City County ST

Biological Father's Full Name:

Biological Mother's Full Name:

Package Page Number(s) of related documentation: Page through page

If this form is being completed by any person other than the applicant, please complete the boxes in the shaded area.

Name of Person Completing:

Relationship to applicant:

Reason Applicant is not Completing Form:

Important Notice:

By completing this form, you certify by your initials upon each line of the Code of Ethics that:

- (a) you will abide by the following Code of Ethics; or,
- (b) that if this application for enrollment is placed on the behalf of a minor child, that the applicant will teach the child to abide by this Code of Ethics; or,
- (c) that if this application for enrollment is placed on the behalf of an illiterate person, that the applicant will read the applicant the this Code of Ethics a sufficient number of times that said person will understand same; or,
- (d) that if this application for enrollment is placed on the behalf of a mentally incapacitated person, that such status is indicated in the shaded block above; or,
- (e) that if this application for enrollment is placed on the behalf of a person that speaks only the Cherokee language that person completing this form has translated the Code of Ethics for the applicant to such a degree that the applicant fully understands same.

Code of Ethics

Do no harm.

Initials

Don't ask intrusive questions

Initials

Don't interrupt.

Initials

Don't speak for others.

Initials

Don't tell others what to do.

Initials

Don't argue.

Initials

Don't blame.

Initials

Don't use sarcasm.

Initials

Initials

Initials

Initials

Initials

Don't sulk.

Don't be condescending.

Don't nitpick.

Don't use threats – spoken or unspoken.

Our ethics forbids any direct, open conflict that is injurious to reputations, no face-to-face clashes. We must have psychological balance and social egalitarianism (equality of all).

Humility is a harmonious way of life. Know your place in the universe and honor this. Follow the laws of Reciprocity.

This belief system is based on the premise that good is rewarded while evil is punished. This is the most integral part of our beliefs.

This is the code of ethics that has been passed down from generation to generation of Holy Men.

I hereby certify under penalty of perjury, that all information contained within and upon this application that has been provided by me, as well as all enclosures thereunto, are true and accurate.

*Typed Name in Form Field, Signature on line above
Must be signed in the presence of a Notary Public*

Enter Date Signed in form field above

STATE OF _____

COUNTY OF _____ (S.S.)

On this _____ day of _____ in the year 20____, before me, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose of Application for Enrollment with the Western Cherokee Nation at Salem, Missouri.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

Printed Name: _____

My commission expires: _____

Instructions upon Completion of this Application:

- Please send NO original documents, only photo copies. Submitted documentation becomes property of the Western Cherokee Nation and can not be returned. Remove Social Security numbers from photo-copied documents by completely blacking-out prior to mailing/submission.
- Sequentially number all documents attached beginning with page number “9” as page number “8” is the last pertinent page of this instrument; there is no need to return this instruction page.
- We are NOT genealogists – we can only verify the validity of the information that you have submitted. You must provide impeccable proof that you are a descendant of a documented Cherokee person.
- Be advised that enrollment may take many months, perhaps even a year or more to complete. We have only volunteers to work on enrollment, volunteers that have full time lives in addition to their respective tribal duties and responsibilities.
- Send NO MONEY with this application – there is NO FEE for enrollment.
- It is the applicant's responsibility to keep the enrollment department notified of any address or contact information changes.
- This form and all associated documentation must be mailed to:

Western Cherokee Nation Enrollment
Post Office Box 262
Salem, MO 65560