



# Meherrin Indian Tribe

P.O. Box 274  
Ahoskie. NC 27910

## Enrollment For Biological Child(ren) Form

Name of Tribal Parent \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street, Rout or PO Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Tribal Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month, Day, Year)

Spouse's full name \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street, Rout or PO Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Tribal Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month, Day, Year)

List ALL children under 18 living at home: (attach birth certificates for each child)

Name	SEX	DATE OF BIRTH	BIOLOGICAL CHILD
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO
_____	_____	_____	_____ YES _____ NO

ARE ANY OF YOUR CHILDREN ENROLLED WITH ANOTHER TRIBE OR BAND IN NORTH AMERICA? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CHILDREN ENROLLED WITH OTHER TRIBE OR BAND: \_\_\_\_\_  
\_\_\_\_\_

NAME OF TRIBE OR BAND: \_\_\_\_\_

IS THIS TRIBE OR BAND FEDERALLY RECOGNIZED? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
TRIBAL REGISTER'S SIGNATURE

DATE SIGNED \_\_\_\_\_  
(MONTH, DAY, YEAR)

DATE SIGNED \_\_\_\_\_  
(MONTH, DAY, YEAR)