



Meherrin Indian Tribe

P.O. Box 274
Ahoskie, NC 27910

Meherrin Indian Tribe Enrollment Form

1. Name of Applicant _____
(First) (Middle) (Last)

(A) If a married woman, list maiden name _____

(B) If known by another name, list it _____

(C) Address: _____
(Street or Rural Rout No.) (Box No.)

_____ (City) (Country) (State)

(D) Date of Birth _____ Place _____
(Mo, Day, Year) (Town, Country, State)

(E) Are you enrolled with any other tribe? Yes _____ No _____

(F) If so, Tribe: _____ Location: _____ No: _____

2. Name of Father _____

(A) If known by another name, list it _____

(B) Is/Was he enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is he still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

3. Name of Mother _____

(A) If known by another name, list it _____

(B) Is/Was she enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is she still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

4. Name of Father's Father _____

(A) If known by another name, list it _____

(B) Is/Was he enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is he still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

5. Name of Father's Mother _____

(A) If known by another name, list it _____

(B) Is/Was she enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is she still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

6. Name of Mother's Father _____

(A) If known by another name, list it _____

(B) Is/Was he enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is he still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

7. Name of Mother's Mother _____

(A) If known by another name, list it _____

(B) Is/Was she enrolled with another Tribe? Yes _____ No _____

(C) If so, Tribe: _____ Location: _____

(D) Is she still living? Yes _____ No _____

If deceased, give date of death _____ Enrollment# _____

8. Residence in Meherrin Tribal Community:

Have you lived at some time during the period of 1900, to present in the Meherrin Indian Communities of Hertford, Bertie, Gates, and Northampton Counties?

Yes _____ No _____

If answer is yes, list county of residence and address:

9. Name address and relationship of person filing application on behalf a minor or incompetent:

Name: _____

Address: _____

Relationship to applicant: _____

The following are required with application

- (A) A nonrefundable \$250.00 processing fee.
- (B) Send in the entire application and documents postmarked by **September 14, 2018 return receipt** Post Box 274 Ahoskie NC 27910
- (C) Provide tangible accurate genealogy records (at least six generations) to include birth and death certificates, military records, census records and any other supporting documentation.

Note: Please **DO NOT** send an incomplete application. If all required information or documentation is not available, **DO NOT** submit the application. All incomplete applications will be returned to the applicant.

Note: Provisional citizenship may be granted for up to one year or longer at the Council's discretion until the applicant demonstrates consistency, participation, and interest in matters related to the Meherrin Indian Tribe.

Note: The council and/or General Body have the right to accept or deny any application.

By signing below, I certify that I am requesting to be a member of the Meherrin Indian Tribe

Print Name of Applicant

Signature of Applicant

Date: _____

DO NOT WRITE HERE

Application No: _____

Date Received: _____

E-mail completed application to: enrollment@meherrination.org or
mail to Meherrin Indian Tribal Office Post Office Box 274 Ahoskie, North
Carolina.