



Eastern Band of Cherokee Indians Enrollment Application

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

- (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.
- (3) You must be newborn to three (3) years of age or 18 to 19 years old.

(Blood Quantum is calculated from your ancestor that is listed on the 1924 Baker Roll. No blood or DNA testing is performed or acceptable for this calculation.)

A Complete Enrollment Application must contain the following:

- ❖ County Certified Birth Certificate (State Certified Birth Certificates will only be accepted when the county does not issue birth records)
- ❖ Results of a DNA Test establishing the paternity/maternity of applicant (Contact Enrollment Office at 828.497.8112 for further information)
- ❖ Photo copy of Social Security Card
- ❖ Completed Form W9
- ❖ Page 5 of the application signed and notarized.

(Applications will be presented to the Enrollment Committee without a copy of the Social Security Card, however, and Enrollment Card will not be issued until the Social Security Card is submitted to the Enrollment Office)

Notice:

- (1) The burden of proof is the responsibility of the applicant.

Please complete this application and return it to:

Eastern Band of Cherokee Indians
Tribal Enrollment Office
PO Box 2069
Cherokee, NC 28719

ANSWER ALL QUESTIONS OR MARK UNKNOWN**DO NOT WRITE IN THIS SPACE**

Return completed application to :
 Tribal Enrollment Office
 PO Box 2069
 Cherokee, NC 28719
 828.497.8112

Received Stamp Here

Application #: _____
 Revised Roll #: _____
 Code: Chapter 49-Enrollment

(Please use black or blue inks only, print legibly. Do not use white out, put a line through mistake and initial.)

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: _____ Applicants E-Mail: _____

City: _____ State & Zip code: _____ County: _____

Does Applicant live on Tribal Land? Yes No If yes, what Community on Qualla Boundary: _____

Below is a section regarding applicant's native blood lines. If applicant carries any native blood other than Eastern Cherokee it is required that information be listed below.

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: _____

Please provide any contact information you may have for the other tribe:

APPLICANTS BIOLOGICAL MOTHER (MATERNAL)

Full Name of Mother: _____ (Maiden) Mothers Roll #: _____

Mothers date of birth: _____ Place of birth: City, County, & State: _____

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 #: _____

Please provide any contact information you may have for the other tribe:

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: _____ Place of birth: City, County, & State: _____

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 #: _____

Please provide any contact information you may have for the other tribe:

Is Father living? Yes No If deceased, show date of death: _____ Fathers Phone#: _____

APPLICANTS BIOLOGICAL MATERNAL GRANDPARENTS

Full Name of Maternal Grandmother: (Maiden)		Grandmothers Roll #:
Date of Birth:	Is Grandmother Living? Yes No	Date of Death:
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 #:
Full Name of Maternal Grandfather:		Grandfathers Roll#:
Date of Birth:	Is Grandfather Living? Yes No	Date of Death:
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 #:

APPLICANTS BIOLOGICAL MATERNAL GREAT GRANDPARENTS

Name of Maternal Grandmothers Mother:		G-Grandmothers Roll #:
Date of Birth:	Is G-Grandmother Living? Yes No	Date of Death:
Name of Maternal Grandmothers Father:		G-Grandfathers Roll #:
Date of Birth:	Is G-Grandfather Living? Yes No	Date of Death:
Name of Maternal Grandfathers Mother:		G-Grandmothers Roll #:
Date of Birth:	Is G-Grandmother Living? Yes No	Date of Death:
Name of Maternal Grandfathers Father:		G-Grandfathers Roll #:
Date of Birth:	Is G-Grandfather Living? Yes No	Date of Death:

APPLICANTS BIOLOGICAL PATERNAL GRANDPARENTS

Name of Paternal Grandmother:		Grandmothers Roll #:
Date of Birth:	Is Grandmother Living? Yes No	Date of Death:
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):
Is Grandmother now or has she ever been enrolled with any other Tribe of Native Americans? Yes No		
If so, show: Tribe:	Location:	Roll #:
Name of Paternal Grandfather:		Grandfathers Roll#:
Date of Birth:	Is Grandfather Living? Yes No	Date of Death:
Blood Quantum Eastern Cherokee (in fraction):	Blood Quantum Other Native (in fraction):	Blood Quantum Non Native (in fraction):
Is Grandfather now or has he ever been enrolled with any other Tribe of Native Americans? Yes No		
If so, show: Tribe:	Location:	Roll #:

APPLICANTS BIOLOGICAL PATERNAL GREAT GRANDPARENTS

Name of Paternal Grandmothers Mother:			G-Grandmothers Roll #:
Date of Birth:	Is G-Grandmother Living?	Yes No	Date of Death:
Name of Paternal Grandmothers Father:			G-Grandfathers Roll #:
Date of Birth:	Is G-Grandfather Living?	Yes No	Date of Death:
Name of Paternal Grandfathers Mother:			G-Grandmothers Roll #:
Date of Birth:	Is G-Grandmother Living?	Yes No	Date of Death:
Name of Paternal Grandfathers Father:			G-Grandfathers Roll #:
Date of Birth:	Is G-Grandfather Living?	Yes No	Date of Death:

If applicant does not reside on the Qualla Boundary, list the County and Community of the parents/grandparents who last resided on the Boundary.

Community:	County:
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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:		
Relationship to applicant:	Are you the legal guardian of the applicant? ____Yes ____No	
Your mailing address:	City:	State & Zip:
Your Phone #:	Your E-Mail address:	

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

(Please sign and date the Release of Information Statement and Acknowledgment of Liability for Statements in the presence of a Notary Public.)

Notary Acknowledgement

State of: _____
County of: _____

I, _____, a Notary Public for _____ County, State of _____, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal, this the _____ day of _____, 20_____

(Official Seal)

Notary Public

AMENDMENTS to ORDINANCE NO. 277 (2010)

The following changes have been made to the Enrollment Ordinance of The Eastern Band of Cherokee Indians, passed and ratified as of June 8, 2010 –

AGE REQUIREMENT

Eastern Band of Cherokee Indians, Tribal Enrollment Ordinance No. 277 (2010) Sec. 49-

5. Applications for enrollment,

- § (g) Temporary Cessation of Enrollment Until Determined Appropriate (1) Tribal Enrollment, with the exception of newborns to three years of age, and 18 to 19 year olds, will cease until the enrollment audit process is complete.
- § (g) Temporary Cessation of Enrollment Until Determined Appropriate (2) Tribal Enrollment will resume upon completion of enrollment audit process, or within one year or less.

DNA TESTING INFORMATION

Eastern Band of Cherokee Indians, Tribal Enrollment Ordinance No. 277 (2010) Sec. 49-5 Applications for enrollment,

- § (c) What the application must contain, ***(12) The results of a DNA test, from a lab acceptable to the Enrollment Committee, establishing the probability of paternity and/or maternity by the parent(s) through whom lineage is claimed for an applicant.***
- § (d) Proof of lineage, The burden of proof is on the applicant. The application for membership must be accompanied by: ***a County certified birth certificate*** issued by the appropriate governmental entity where the birth occurred, ***and the certified results of a DNA test establishing the probability of paternity and/or maternity of the applicant from a lab acceptable to the Enrollment Committee.***
 - ***(1) DNA Testing Requirements:***
 - ***(a) Testing must occur directly between the applicant and the alleged mother and father unless the parent is unavailable for testing through no fault of the applicant.***
 - ***(b) When a parent of an applicant is unavailable for DNA testing the Enrollment Committee may accept the certified results of a DNA test between the applicant and both of the missing parent's biological parents(applicant's grandparents) to establish the probability of relatedness to the grandparents.***
 - ***(c) A certified copy of the test results must be submitted by the testing lab directly to the Enrollment Office***
 - ***(d) The applicant is responsible for all fees related to the DNA test.***

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,