

APPLICATION  
 FOR  
 MEMBERSHIP WITH THE  
 SOUTHERN SIERRA MIWUK NATION

**NOTE: ALL APPLICANTS EIGHTEEN (18) YEARS AND OLDER MUST SUBMIT AN INDIVIDUAL APPLICATION. THIS INCLUDES CHILDREN LIVING AT HOME.**

1. NAME OF APPLICANT: \_\_\_\_\_  
   FIRST  MIDDLE  LAST  MAIDEN

DATE OF BIRTH: \_\_\_\_\_ B.I.A. ROLL NO. \_\_\_\_\_

2. PRESENT PHYSICAL ADDRESS: \_\_\_\_\_ APT. NO: \_\_\_\_\_  
   CITY  STATE  ZIP CODE

3. PHONE NO. (\_\_\_\_\_) MOBILE PHONE NO. (\_\_\_\_\_) \_\_\_\_\_

4. ARE YOU PRESENTLY AN ENROLLED MEMBER OF ANY RECOGNIZED TRIBE OR BAND? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

IF YES PLEASE GIVE THE NAME OF THE TRIBE OR BAND.

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

B.I.A. ROLL NUMBER: \_\_\_\_\_

5. ARE YOU A MEMBER OF ANY OTHER GROUP PETITIONING FOR RECOGNITION:

IF YES, PLEASE GIVE THE GROUP'S NAME AND LOCATION:

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

6. DO YOU WANT TO BE A MEMBER OF THE SOUTHERN SIERRA MIWUK NATION?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**THE SOUTHERN SIERRA MIWUK NATION STIPULATES THAT NO MEMBER/CITIZEN MAY HAVE MEMBERSHIP IN ANY OTHER FEDERALLY RECOGNIZED TRIBES. UNDER PENALTY OF PERJURY, TO THE BEST OF MY KNOWLEDGE THESE STATEMENTS ARE TRUE AND CORRECT.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE SOUTHERN SIERRA MIWUK NATION  
MEMBER DATA SURVEY

PERSONAL DATA

NAME OF APPLICANT: \_\_\_\_\_  
LAST FIRST MIDDLE/MAIDEN

OTHER NAMES WHICH YOU ARE KNOWN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NAME OF SPOUSE: \_\_\_\_\_

IS YOUR SPOUSE INDIAN? \_\_\_\_\_ NON-INDIAN \_\_\_\_\_

TRIBE? \_\_\_\_\_ LOCATION? \_\_\_\_\_

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FAMILY DATA

NOTE\* PLEASE INCLUDE ALL CHILDREN LIVING AT HOME IRREGUARDLESS OF AGE

	LAST	FIRST	M/I	BIRTH DATE	M/F
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____
CHILD:	_____	_____	_____	_____	_____

ATTACH ANOTHER SHEET IF MORE SPACE IS REQUIRED

# ANCESTRY CHART

CHART NO.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Person No. 1 on this chart is the same person as No. \_\_\_\_ on chart No. \_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

b. Date of Birth  
p.d. Place of Death  
Write dates as month, day, year [Oct 2, 1978]  
Write places as city or town, (county), state  
[Chicago (Cook) Illinois]

## PATERNAL FAMILY

2 (Father of No. 1)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

5 (Mother of No. 2)

b.  
p.b.  
d.  
p.d.

4 (Father of No. 2)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

8 (Father of No. 4)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

9 (Mother of No. 4)

b.  
p.b.  
d.  
p.d.

10 (Father of No. 5)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

11 (Mother of No. 5)

b.  
p.b.  
d.  
p.d.

1

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

3 (Mother of No. 1)

b.  
p.b.  
d.  
p.d.

6 (Father of No. 3)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

12 (Father of No. 6)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

13 (Mother of No. 6)

b.  
p.b.  
d.  
p.d.

## MATERNAL FAMILY

7 (Mother of No. 3)

b.  
p.b.  
d.  
p.d.

14 (Father of No. 7)

b.  
p.b.  
m.  
p.m.  
d.  
p.d.

(Spouse of No. 1)

b.  
p.b.  
d.  
p.d.

15 (Mother of No. 7)

b.  
p.b.  
d.  
p.d.

If you need to trace your ancestry farther back than this form allows, simply enter the name of your relative that appears in the form numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.

This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form.