

APPLICANT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

TRIBAL # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

\_\_\_\_\_

CELL PHONE # \_\_\_\_\_

## NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION CHECKLIST

CANNOT BE A MEMBER OF ANOTHER TRIBE

<b>DATE RECEIVED COMMITTEE</b>

**APPLICATION FEE \$20.00** per person. Not refundable.  
(If Applicant is approved for Citizenship the first ID card will be issued at no charge)

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**GENEALOGICAL INFO** (at least 4 generations)

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**PHOTO** Headshot (like passport) Not drivers license

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**Birth Certificate APPLICANT** Certified COPY

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**Birth/Death Certificate Father** (if applicable)

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**Birth/Death Certificate Mother** (if applicable)

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**Drivers License Applicant** or another form of ID school or state approved photo ID

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**CERTIFICATION page in** Application signed and dated

**Self addressed stamped envelope**

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*Applicant please sign in space above  
for use on ID card if application is approved*

NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION CHECKLIST

Application must show proof of 25% Native American Heritage

\_\_\_\_\_  
\_\_\_\_\_  
**\*FOR OFFICE USE\***

**Application Complete**

**Application Denied**

**Application Missing Information - List information missing**

**Follow Up**

**Comments**

INITIAL	COMMITTEE ONLY - COMMENTS
DATE APPROVED _____	TRIBAL ID # _____

**NANTICOKE LENNI-LENAPE TRIBAL NATION ENROLLMENT APPLICATION**

**SECTION A: Applicant Information**

1) Last Name	2) First Name	3) Middle Name	4) Maiden Name (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth	16) Marital Status - Single/Married/Divorced

17) City of Birth	18) County of Birth	19) State of Birth

20) Are you or have you ever been enrolled in a tribe? If No go to #23	21) If Yes which tribe?	22) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc.	25) Do you have any dependents? Yes No

26) Full Name of Dependent	27) Birthdates of Dependents	28) Relationship to Applicant
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

29) Do you have a criminal record? No Yes	30) If married When	In what City/State

31) Spouse's Last Name	32) Spouse's First Name	33) Spouse's Middle Name	34) Spouse's Maiden Name

35) Spouse's Birthdate	36) Is your spouse living? Yes No	37) If not date deceased	County/State of Burial

38) Spouse's City of Birth	39) Spouse's County of Birth	40) Spouse's State of birth

41) Do you have any brothers or sisters? No Yes	42) If No go to next page	43) If Yes how many?

44) Full Name of Siblings (Brothers & Sisters)	45) Birthdate of siblings	46) Relationship-Full/Step/Adopted
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

**NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION**

**SECTION B: Applicant's MOTHER'S Information**

The term "MOTHER" is defined as the applicant's biological Mother.

1) Mother's Last Name	2) Mother's First Name	3) Mother's Middle Name	4) Maiden Name (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status- Single/Married/Divorced

17) City of Birth	18) County of Birth	19) State of Birth

20) Is or has your mother ever been enrolled in a tribe? If No go to #23	21) If Yes which tribe?	22) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc.	25) Does Mother have any siblings? Yes No

26) Full Name of Mother's Siblings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship to Applicant Full/Half/Step
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

29) Mother's Spouse's Name	Last 30) Mother's Spouse's First Name	31) Mother's Spouse's Middle Name	32) Relationship to Applicant Father, Step, etc.

33) Spouse's Birthdate	34) Is Mom's Spouse living? Yes No	35) If not date deceased	County/State of Burial

36) Date of Marriage	37) City of Marriage	38) County of Marriage	State of Marriage

39) Is Your Mother living? No Yes	40) If No Date Deceased	41) County of Burial	State of Burial

42) List names of Mother's biological Children	Birthdate of Children
1)	1)
2)	2)
3)	3)
4)	4)

**NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION**

**SECTION C: Applicant's FATHER'S Information**

The term "FATHER" is defined as the applicant's biological Father.

1) Father's Last Name	2) Father's First Name	3) Father's Middle Name	4) Nickname (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status - Single/Married/Divorced

17) City of Birth	18) County of Birth	19) State of Birth

20) Is or has your Father ever been enrolled in a tribe? If No go to #23	20) If Yes which tribe?	21) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc.	25) Does Father have any Siblings? Yes No

26) Full Name of Father's Siblings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship to Applicant
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

29) Father's Spouse's Last Name	30) Father's Spouse's First Name	31) Father's Spouse's Middle Name	32) Relationship to Applicant Mother, Step, etc.

33) Father's Spouse's Birthdate	34) Is your Father's spouse living? Yes No	35) If not date deceased	32) County and State of Burial

36) Date of marriage	37) City of marriage	38) County of Marriage	State of Marriage

39) Is Your Father Living? No Yes	40) If No date deceased	41) County of Burial	State of Burial

42) Names of all your Father's biological children	43) Birthdate of children
1)	1)
2)	2)
3)	3)
4)	4)

**NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION**

**SECTION D: Applicant's GRANDMOTHER's Information**

*MATERNAL SIDE*

The biological MOTHER to the applicant's Mother.

1) Grandmother's Last Name	2) Grandmother's First Name	3) Grandmother's Middle Name	4) Maiden Name (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status - Single/Married/Divorced

17) City of Birth	18) County of Birth	19) State of Birth

20) Is or has your Grandmother ever been enrolled in a tribe? If No go to #23	20) If Yes which tribe?	21) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc.	25) Does Grandmother have any siblings?
		Yes No

26) Full Name of Grandmothers' Siblings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship Full/Half/ Step
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

29) Grandmother's Spouse's Last Name	30) Grandmother's Spouse's First Name	31) Grandmother's Spouse's Middle Name	32) Relationship to Applicant Grandfather/Step-Grandfather

33) Grandmother's Spouse's Birthdate	34) Is your Grandmother's spouse living? Yes No	35) If not Date Deceased	County/State of Burial

36) Date of their Marriage	37) City of their Marriage	38) County of their Marriage	State they were Married in

39) Is your Grandmother living? No Yes	40) If not Date Deceased	41) County Deceased	City/State of Burial

42) List Full Names of Grandmother's Biological Children	43) Birthdate of Children
1)	1)
2)	2)
3)	3)
4)	4)

**NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION**

**SECTION E: Applicant's GRANDFATHER'S Information**

*MATERNAL SIDE*

*The biological Father to the Applicant's Mother*

1) Grandfather's Last Name	2) Grandfather's First Name	3) Grandfather's Middle Name	4) Nickname (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status Single/Married/Divorced

17) City of Birth	18) County of Birth	19) State of Birth

20) Is or has your Grandfather ever been enrolled in a tribe? If No go to #23	20) If Yes which tribe?	21) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc.	25) Does Grandfather have any siblings? Yes _____ No _____

26) Full Name of Grandfathers' Siblings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship Full/Half/Step
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

29) Grandfather's Spouse's Last Name	30) Grandfather's Spouse's First Name	31) Grandfather's Spouse's Middle Name	32) Relationship to Applicant Grandmother/Step-Grandmother

33) Grandfather's Spouse's Birthdate	34) Is your Grandfather's spouse living? Yes _____ No _____	35) If not Date Deceased	County/State of Burial

36) Date of their Marriage	37) City of their Marriage	38) County of their Marriage	State they were married

39) Is your Grandfather living? No _____ Yes _____	40) If not Date Deceased	41) County Deceased	City/State of Burial

42) List full names of Grandfather's Biological Children	43) Birthdate of Children
1)	1)
2)	2)
3)	3)
4)	4)





**NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT APPLICATION**

**SECTION G: Applicant's GRANDFATHER'S Information**

*PATERNAL SIDE*

*The biological Father to the Applicant's Father*

1) Grandfather's Last Name	2) Grandfather's First Name	3) Grandfather's Middle Name	4) Nickname (If applicable)

5) Address (Street and Mailing Address)

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6) City	7) County	8) State	9) Zip Code

10) Home Phone	11) Cell Phone	12) Work Phone	13) Email

14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status

17) City of Birth	18) County of Birth	19) State of Birth

20) Is or has your Grandfather ever been enrolled in a tribe? If No go to #23	20) If Yes which tribe?	21) Roll Number

23) Occupation/Profession	24) Education: High School Diploma, college degree, etc	25) Does Grandfather have any siblings?	Yes	No

26) Full Name of Grandfather's Siblings (Brothers & Sisters)	27) Birthdates of Siblings
1)	1)
2)	2)
3)	3)
4)	4)

29) Grandfather's Spouse's Last Name	30) Grandfather's Spouse's First Name	31) Grandfather's Spouse's Middle Name	32) Relationship to Applicant Grandmother/Step-Grandmother

33) Grandfather's Spouse's Birthdate	34) Is your Grandfather's spouse living? Yes No	35) If not Date Deceased	County/State of Burial

36) Date of their Marriage	37) City of their Marriage	38) County of their Marriage	State they were married

39) Is your Grandfather living? No Yes	40) If not Date Deceased	41) County Deceased	City/State of Burial

42) List full names of Grandfather's Biological Children	43) Birthdate of Children
1)	1)
2)	2)
3)	3)
4)	4)







