APPLIC	ANT BIRTHDATE	TRIBAL #
ADDRE	SS PHONE #	
	CELL PHONE #	
	NANTICOKE LENNI-LENAPE TRIBAL ENROLLMENT	
	APPLICATION CHECKLIST	•
	CANNOT BE A MEMBER OF ANOTHER TRIBE	DATE RECEIVED
	APPLICATION FEE \$20.00 per person. Not refundable.	COMMITTEE
	(If Applicant is approved for Citizenship the first ID card will be issued at no charge)	
	GENEALOGICAL INFO (at least 4 generations)	
	PHOTO Headshot (like passport) Not drivers license	
	Birth Certificate APPLICANT Certified COPY	V - 40 (10)
	Birth/Death Certificate Father (if applicable)	
	Birth/Death Certificate Mother (if applicable)	
	Drivers License Applicant or another form of ID school or state approved photo ID	
	CERTIFICATION page in Application signed and dated	
	Self addressed stampled envelope	
		7

Applicant please sign in space above

for use on ID card if application is approved

Page 1a

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
NITIAL	COMMITTEE ONLY - COMMENTS
NII AL	COMMITTEE ONET - COMMENTS
	A CONTRACT SECURITY OF THE SECURE SECURITY SECUR
	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 Maili	ing Address		
6) City	7) County	8) State	9) Zip Code
) Exp code
10) Home Phone	11) Call Dhana	12) W. I. N.	12) 5 - 2
10) Home Phone	11) Cell Phone	12) Work Phone	13) Email
*	And the second of the second s	A CONTRACTOR OF THE PARTY OF TH	
14) Date of Birth	15) Place of Birth	16) Marital Status - Single/Ma	urried/Divorced
17) City of Birth	18) County of Birth	19) State of Birth	
20) Are you or have you eve	er been enrolled in a tribe?	21) If Yes which tribe?	22) Roll Number
If No go to #23	is over chronica in a tribe.	21) If ies when thee:	22) Ron Number
23) Occupation/Profession	24) Education: High School I	Diploma, college degree, etc.	25) Do you have any dependents? Yes No
-			i es ino
26) Full Name of Dependent			28) Relationship to Applicant
1) 2)		1)	1)
3)		3)	(2) (3)
4)		4)	4)
29) Do you have a criminal r	vaa and 9	20) 16	
No Yes		30) If married When	In what City/State
	1		
31) Spouse's Last Name	32) Spouse's First Name	33) Spouse's Middle Name	34) Spouse's Maiden Name
			<u> </u>
35) Spouse's Birthdate	36) Is your spouse living?	37) If not date deceased	County/State of Burial
	Yes No		
38) Spouse's City of Birth	39) Spouse's County of Birth	40) Snouse's State of hirth	
	sy speases county of Birth	Spouse's State of offin]
	7		
41) Do you have any brother No Yes	s or sisters?]	42) If No go to next page	43) If Yes how many?
	1		
44) Full Name of Siblings (B	Brothers & Sisters)	45) Birthdate of siblings	46) Relationship-Full/Step/Adopted
2)		1)	1)
3)		(2) (3)	2)
4)		4)	4)

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Page 2

Applicant's Initials _____

SECTION B: Applicant's MOTHER'S Information The term "MOTHER" is defined as the applicant's biological Mother

Applicant's Initials ___

1) Mother's Last Name	2) Mother's First Name	3) Mother's Middle Name	4) Maiden Name (If applicable)
5) Address (Street and Mailin	g Address		
6) City	7) (0) 0,	0.5: 6.1
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/Ma	rried/Divorced
17) City of Birth	18) County of Birth	19) State of Birth	1
20) Is or has your mother ever If No go to #23	been enrolled in a tribe?	21) If Yes which tribe?	22) Roll Number
23) Occupation/Profession	24) Education: High School I	Diploma, college degree, etc.	25) Does Mother have any siblings? Yes No
26) Full Name of Mother's Sit	olings (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 Last Name	t 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?NoYes	40) If No Date Deceased	41) County of Burial	State of Burial
42) List names of Mother's bio	ological Children	Birthdate of Children	1
1)		1)	
2)		2)	
2) 3) 4)		3)	
4)		(4)	

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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 Mailin	g Address		
			,
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/Ma	arried/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?	20) If Yes which tribe?	21) Roll Number
If No go to #23			
		The second secon	25) Does Father have any Siblings?
23) Occupation/Profession	24) Education: High School	Diploma, college degree, etc.	
			Yes No
26) Full Name of Father's Sib	lings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship to Applicant
1)		1)	1)
2)		2)	2)
2) 3)		3)	3)
4)		4)	4)
29) Father's Spouse's	30) Father's Spouse's	31) Father's Spouse's	32) Relationship to Applicant
Last Name	First Name	Middle Name	Mother, Step, etc.
33) Father's Spouse's	34) Is your Father's spouse	* -	
Birthdate	living?	35) If not date deceased	County and State of Burial
	YesNo		
36) Date of marriage	37) City of marriage	38) County of Marriage	State of Marriage
39) Is Your Father Living?	40) If No date deceased	41) County of Burial	State of Burial
No Yes			
42) Names of all your Father's	s biological children	43) Birthdate of children	
1)		1)	
2)		2)	
2) 3) 4)		3)	
4)		4)	
			-1

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SECTION D: Applicant's GRANDMOTHER's Information

MATERNAL SIDE 1) Grandmother's Last Nan 2) Grandmother's First Name		The biological MOTHER to	the applicant's Mother.
		3) Grandmomther's Middle 14) Maiden Name (If applicable)	
5) Address (Street and Ma	ailing Address		
77 reduces (Bireet and Wi	annig Address		
6) City	7) County	0) (4.4	0.7. 0.1
<i>5)</i> City	7) County	8) State	9) Zip Code
10\ II DI	11) G !! P!		
10) Home Phone	11) Cell Phone	12) Work Phone	13) Email
(1) 5		<u></u>	1
(4) 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	1
	nother ever been enrolled in a tribe?	20) If Yes which tribe?	21) Roll Number
If No go to #2	23		
			25) Does Grandmother have any
(3) Occupation/Profession	24) Education: High School Diploma, co	llege degree, etc.	siblings?
			Yes No
	others' Siblings (Brothers & Sisters)		28) Relationship Full/Half/ Step
)		1)	1)
)		2)	2)
)		(3) (4)	3)
)		[4]	(4)
9) Grandmother's			
		31) Grandmother's	32) Relationship to Applicant
pouse's Last Name	30) Grandmother's Spouse's First Name	31) Grandmother's Spouse's Middle Name	32) Relationship to Applicant Grandfather/Step-Grandfather
pouse's Last Name	30) Grandmother's Spouse's First Name		
3) Grandmother's	34) Is your Grandmother's spouse		
3) Grandmother's	34) Is your Grandmother's spouse living?		
3) Grandmother's	34) Is your Grandmother's spouse	Spouse's Middle Name	Grandfather/Step-Grandfather
3) Grandmother's pouse's Birthdate	34) Is your Grandmother's spouse living?	Spouse's Middle Name 35) If not Date Deceased	Grandfather/Step-Grandfather County/State of Burial
3) Grandmother's pouse's Birthdate	34) Is your Grandmother's spouse living? YesNo	Spouse's Middle Name 35) If not Date Deceased	Grandfather/Step-Grandfather
3) Grandmother's pouse's Birthdate 6) Date of their Marriage	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage	Spouse's Middle Name 35) If not Date Deceased 38) County of their Marria	County/State of Burial State they were Married in
3) Grandmother's pouse's Birthdate 6) Date of their Marriage	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage	Spouse's Middle Name 35) If not Date Deceased	Grandfather/Step-Grandfather County/State of Burial
3) Grandmother's pouse's Birthdate 6) Date of their Marriage 9) Is your Grandmother living? NoYes	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage 40) If not Date Deceased	35) If not Date Deceased 38) County of their Marria; 41) County Deceased	County/State of Burial State they were Married in
3) Grandmother's pouse's Birthdate 6) Date of their Marriage 1) Is your Grandmother living? 10 No Yes 2) List Full Names of Grandmother Grandmothe	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage	35) If not Date Deceased 38) County of their Marria, 41) County Deceased 43) Birthdate of Children	County/State of Burial State they were Married in
3) Grandmother's spouse's Birthdate 6) Date of their Marriage 9) Is your Grandmother living? No	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage 40) If not Date Deceased	35) If not Date Deceased 38) County of their Marria; 41) County Deceased 43) Birthdate of Children 1)	County/State of Burial State they were Married in
3) Grandmother's spouse's Birthdate 6) Date of their Marriage (2) Is your Grandmother living? No	34) Is your Grandmother's spouse living? Yes No 37) City of their Marriage 40) If not Date Deceased	35) If not Date Deceased 38) County of their Marria, 41) County Deceased 43) Birthdate of Children	County/State of Burial State they were Married in

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Applicant's Initials

SECTION E: Applicant's GRANDFATHER'S Information

MATERNAL SIDE		The biological Father to the App	olicant'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		
6) City	7) County	8) State	9) Zip Code
	T .	T	
10) Home Phone	11) Cell Phone	12) Work Phone	13) Email
		T	
			<u> </u>
14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status Single/Mari	ried/Divorced
	(100p.u.)	10) Interior States Single/Interior	
			1
17) City of Birth	18) County of Birth	19) State of Birth	
		17) State of Birth]
	1	1	
20) Is or has your Grandfather ev	ver been enrolled in a tribe?	20) If Yes which tribe?	21) Roll Number
If No go to #23	or som officer in a life.	20) If 103 which thee:	21) Roll Number
11110 go to 1125		L	
			25) Does Grandfather have any
23) Occupation/Profession	24) Education: High School D	iploma, college degree, etc.	siblings?
			Yes No
			1.00
26) Full Name of Grandfathers' S	Siblings (Brothers & Sisters)	27) Birthdates of Siblings	28) Relationship Full/Half/Step
1)		1)	1)
2)		2)	2)
3)		3)	3)
4)		4)	4)
			1.9
29) Grandfather's Spouse's Last	30) Grandfather's Spouse's	31) Grandfather's Spouse's	32) Relationship to Applicant
Name	First Name	Middle Name	Grandmother/Step-Grandmother
	I was traine	I I I I I I I I I I I I I I I I I I I	Grandmodier/Step-Grandmodier
33) Grandfather's Spouse's	34) Is your Grandfather's	*	
Birthdate	spouse living?	35) If not Date Deceased	County/State of Durial
	Yes No	33) It not Date Deceased	County/State of Burial
	105 100	I	
36) Date of their Marriage	37) City of their Marriage	28) County of their Marrison	C4-4-41
50) Bate of their Warrage	T The result of their Marriage	38) County of their Marriage	State they were married
20) In your Coordfoth on living	10) 15 + D + D	11) 6	
39) Is your Grandfather living?	40) If not Date Deceased	41) County Deceased	City/State of Burial
NoYes	L		
42) List full page - CO - 101	ode Dielected Cliff	42) Di d d 25" " .	
42) List full names of Grandfah	er's Biological Children	43) Birthdate of Children	1
1)		1)	
2)		2)	
3)		3)	
4)		[4)	

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Applicant's Initials

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SECTION F: Applicant's GRANDMOTHER'S Information

PATERNAL SIDE		The biological MOTHER to the a	(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1) Grandmother's Last Name	2) Grandmother's First Name	3) Grandmother's Middle Name	4) Maiden Name (If applicable)
		L	
5) Address (Street and Mail	ing Address		
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/Ma	rried/Divorced
	1	T	
	-		_
17) City of Birth	18) County of Birth	19) State of Birth	
		To built of Billin	7
	—	1	1
20) Is or has your Grandmoth	ner ever been enrolled in a tribe?	20) If Yes which tribe?	21) Roll Number
If No go to #23		20) If i'es which tribe:	21) Koli Nullibei
11 NO go 10 #23		L	
			25) D C I I I
22) Occupation/Busfacion	24) Ed		25) Does Grandmother have any
23) Occupation/Profession	24) Education: High School Diplon	na, college degree, etc.	siblings?
		1	Yes No
20 5 11 12 - 50 1	1 1 071		
	her's Siblings Brothers & Sisters	27) Birthdates of Siblings	29) Relationship Full, Step, Adopted
1)		1)	1)
2)		2)	2)
3)		3)	3)
4)		4)	4)
	30) Grandmother's Spouse's First	31) Grandmother's Spouse's	32) Relationship to Applicant
Last Name	Name	Middle Name	Grandfatherr/step-grandfather
		1	
33) Grandmother's Spouse's	34) Is your Grandmother's spouse		
Birthdate	living?	35) If not Date Deceased	County/State of Burial
	Yes No		
PARTICIPATION TO SERVICE STATE OF THE PARTICIPATION			
36) Date of their Marriage	37) City of their Marriage	38) County of their Marriage	State they were Married in
		T	
39) Is your Grandmother living?	40) If not Date Deceased	41) County Deceased	City/State of Burial
No Yes	/	, 555	Day Sure of Ballar
	1		
42) List Full Names of Gran	dmother's Biological Children	43) Birthdate of Children	
	amount a photogram chindren	1)	7
1) 2) 3)		2)	1
3)			-
4)		3) 4)	4

SECTION G: Applicant's GRANDFATHER'S Information

PATERNAL SIDE		The biological Father to the	e Applicant's Father
1) Grandfather's Last Name	2) Grandfather's First Name	3) Grandfather's Middle Na	(4) Nickname (If applicable)
5) Address (Street and Mailing	Address		
6) City	7) County	8) State	9) Zip Code
		T	
10) Home Phone	11) Cell Phone	12) Work Phone	13) Email
,		T	
14) Date of Birth	15) Place of Birth (Hospital)	16) Marital Status	
			1
17) City of Birth	18) County of Birth	19) State of Birth	
		Try state of Birth	
L	I		I
20) Is or has your Grandfather ev	ver been enrolled in a tribe?	20) If Yes which tribe?	21) Roll Number
If No go to #23		20) If tes which thee:	21) Ron ivanibei
11 1 to go 10 1125		L	
			25) Does Grandfather have any
23) Occupation/Profession	24) Education: High School D	oiploma, college degree, etc	
	1	l	Yes No
26) Full Name of Grandfather's S	Siblings (Brothers & Sisters)	27) Birthdates of Siblings	
1)		1)	
		2)	
2) 3) 4)		3)	
4)		4)	
La financia de la financia del financia de la financia del financia de la financi		1.)	
29) Grandfather's Spouse's Last	30) Grandfather's Spouse's	31) Grandfather's	32) Relationship to Applicant
Name	First Name	Spouse's Middle Name	Grandmother/Step-Grandmother
33) Grandfather's Spouse's	34) Is your Grandfather's		
Birthdate	spouse living?	35) If not Date Deceased	County/State of Burial
	Yes No		
	1	L	L
36) Date of their Marriage	37) City of their Marriage	38) County of their Marria	State they were married
			The state of the s
39) Is your Grandfather living?	40) If not Date Deceased	41) County Deceased	City/State of Burial
NoYes	,	- 1, county December	onj. Suite of Burian
		L	
42) List full names of Grandfah	er's Biological Children	43) Birthdate of Children	
1)		1)	
2)		2)	
2) 3)		3)	
4)		4)	

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ADDITIONAL INFORMATION

Please write in any information you thi	in may be helpful.	
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•		
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	or ID card (Passport S	,

value a tester	a a a sperio a	D. 0	GRANDMOTHER
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	CRANDEATHER	D.	GREAT-GREAT
	GRANDFATHER	D:	GRANDFATHER
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			GREAT-GREAT GRANDMOTHER
			D
		CDD + ~	В:
		GREAT	M:
		GRANDFATHER	D:
		B;	
		M:	
			GREAT-GREAT
		D:	GRANDFATHER
		w.	GRAINFAIRER
			D.
			B:
			B: M: D:

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APPLICANT

D-DEATH A-ADOPTE

Applicant's Initials ____

	APPLICA	NT GENEA	LOGY CHART	
		THER - PAT		GREAT-GREAT GRANDMOTHER
APPLICANT			LINANE	B:
			GREAT	M:
			GRANDMOTHER	D;
			B:	
		GRANDMOTHER	M:	
			D:	
		B:		GREAT- GREAT GRANDFATHER
		M:		
		D:		B:
				M: D:
				GREAT-GREAT GRANDMOTHER
				D
			GREAT	B: M:
			GRANDFATHER	D;
			D.	
			B: M:	
			D:	
	FATHER			GREAT-GREAT GRANDFATHER
	PATHER			GRANDFATHER
	B:			B:
	M: D:			M: D:
				GREAT-GREAT GRANDMOTHER
				GRANDWOTTER
			GREAT	B:
		4	GRANDMOTHER	M: D:
			B:	D.
		GRANDFATHER	M:	
B -BIRTHDAT		B:	D:	
M-MARRIED		M:		
D-DEATH A-ADOPTED		D:		GREAT-GREAT GRANDFATHER
				B:
				M: D:
				D.
				GREAT-GREAT GRANDMOTHER
			GREAT	B:
			GRANDFATHER	M:
			B:	D:
			M:	
			D:	
				GREAT-GREAT
				GRANDFATHER
				OTTE DETECTION
				B: M:
Revised 01/2023				B:

CERTIFICATION FORM

Enrollment is true and accu	rate to the best of my knowledge. M	y initials on each page attest to
is true and accurate to the band I understand that the tracknowledge that should the	pest of my knowledge. My initials on tibe may reject my application for any ne tribe find that any information here to cure damages it may have incurred	in this application for Tribal Enrollment eah page attest to this acknowledgement reason it deems appropriate. I further in is fraudulent the tribe reserves the and staff time and resources exhausted in
accepting and agreeing to sall laws and rules of the Na	n that I accept enrollment. In accepting	e allegiance I agree to abide by any and
Applicant		
	/	/
Print Name	Signature	Date
If applicant is under the age	e of 18 parental authorization below.	
accuracy of the information be enrolled in the Nanticok bound by the terms of this	h herein. I consent for the above name	n on his or her behalf and attest to the ed applicant, a minor under my care, to he or she be deemed eligible and to be ect the jurisdiction of the tribal
Applicant	-	
	/	/
Print Name	Signature	Date
Witness: I witnessed the si	igning of this document by the above	named applicant.
	/	/
Print Name	Signature	Date
Address	/ City/State	/ Date