



Eastern Band of Cherokee Indians Enrollment Application

Notice: The burden of proof is the responsibility of the applicant. The applicant or their legal guardian is responsible for producing any documentation and DNA related fees required for completion of the application.

Enrollment Requirements:	A Complete Enrollment Application must contain:
<p>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:</p> <p>(1) A direct lineal ancestor must appear on the 1924 Baker Roll of the Eastern Band of Cherokee Indians.</p> <p>(2) You must possess at least 1/16 degree of Eastern Cherokee Blood. <i>(Blood Quantum is calculated from your ancestor that is listed on the 1924 Baker Roll. No DNA testing is performed or acceptable for this calculation.)</i></p> <p style="text-align: center;">To view the Enrollment Ordinance online visit: http://library.municode.com/index.aspx?clientId=13359</p>	<ul style="list-style-type: none"> ❖ <u>County or State Certified Birth Certificate</u> MUST SUBMIT LONG FORM BIRTH CERTIFICATE THAT SHOWS PARENT NAME(S). ❖ <u>Results of DNA Testing</u> establishing the probability of paternity/maternity through whom lineage is claimed (Contact information is attached). ❖ <u>Photo copy of Social Security Card</u> (Applications will be presented to the Enrollment Committee without a copy of the Social Security Card, however, an Enrollment Card will not be issued until the Social Security Card is submitted to the Enrollment Office). ❖ <u>Completed Form W9</u> ❖ <u>Verification from other Federally Recognized Tribe if applicant has other Indian blood</u> ❖ <u>Page 4 of the application signed by parent or guardian</u>

DNA Testing Information

The Tribal Enrollment Office must receive certified DNA testing results establishing the biological link between the applicant and their last enrolled ancestor from a lab acceptable to the Tribal Enrollment Committee. If applicant has been DNA tested as a result of a Child Support case or a Court Order, please contact the Tribal Enrollment Office. Testing results from those organizations may be acceptable.

Notice: If you are unsure if you meet the 1/16th blood quantum minimum please contact the Tribal Enrollment Office prior to scheduling your DNA test. Toll Free #: (800)357-2771 or (828)359-6467/6464.

Please contact Michelle Stiles with 1 Family Services in Indian Country to schedule your DNA Test:

❖ Michelle Stiles (828) 359-6463 ext.4

Return completed applications to:
Eastern Band of Cherokee Indians
Tribal Enrollment Office
PO Box 2069
Cherokee, NC 28719

EASTERN BAND OF CHEROKEE INDIANS TRIBAL ENROLLMENT APPLICATION



(RECEIVED STAMP)

Revised Roll # _____ Enrollment Date _____

(PLEASE ANSWER ALL QUESTIONS BELOW OR MARK UNKNOWN)

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:		
Does Applicant live on Tribal Land? Yes No	If yes, what Community on Qualla Boundary: If no, Community on Qualla Boundary of Grandparent:	
If applicant carries Native blood other than Eastern Cherokee it is required the information be listed below. Certification that applicant is not currently enrolled and has not accepted benefits from the other Tribe(s) must be sent directly from the other Tribe(s) to the Tribal Enrollment Office. Fax #: (828)554-6468 or Tribal Enrollment Office, PO Box 2069, Cherokee, NC 28719.		
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:
APPLICANTS BIOLOGICAL MOTHER (MATERNAL)		
Full Name of Mother: (Maiden)		Mothers Roll #:
Mothers date of birth:	Mothers Contact Information:	
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 #:
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:	Fathers Contact Information:	
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 #:
Is father living? Yes No	If deceased, show date of death:	Fathers Phone#:

APPLICANTS BIOLOGICAL GRANDMOTHER (MATERNAL)		
Full Name of Grandmother: _____ (Maiden)	Grandmothers Roll #:	
Grandmothers date of birth:	Grandmothers Contact Information:	
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 #:
Is Grandmother living? Yes No	If deceased, show date of death:	Grandmothers Phone#:

APPLICANTS BIOLOGICAL GRANDFATHER (MATERNAL)		
Full Name of Grandfather: _____	Grandfathers Roll #:	
Grandfathers date of birth:	Grandfathers Contact Information:	
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 #:
Is grandfather living? Yes No	If deceased, show date of death:	Grandfathers Phone#:

APPLICANTS BIOLOGICAL GRANDMOTHER (PATERNAL)		
Full Name of Grandmother: _____ (Maiden)	Grandmothers Roll #:	
Grandmothers date of birth:	Grandmothers Contact Information:	
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 #:
Is grandmother living? Yes No	If deceased, show date of death:	Grandmothers Phone#:

APPLICANTS BIOLOGICAL GRANDFATHER (PATERNAL)		
Full Name of Grandfather: _____	Grandfathers Roll #:	
Grandfathers date of birth:	Grandfathers Contact Information:	
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 #:
Is grandfather living? Yes No	If deceased, show date of death:	Grandfathers Phone#:

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: _____	Phone #:	
Relationship to applicant: _____	Are you the legal guardian of the applicant? ____Yes ____No	
Your mailing address: _____	City: _____	State & Zip: _____

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

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,