





## CITCI NEW TRIBAL ENROLLMENT

### DOCUMENTS NECESSARY FOR **NEW** ENROLLMENT:

- CERTIFIED ORIGINAL BIRTH CERTIFICATE
- ORIGINAL SOCIAL SECURITY CARD
- DRIVER'S LICENSE OR STATE ISSUED ID (for children birth to 16  
- insurance card)
- AMERICAN INDIAN PARENTS' AND GRANDPARENTS' BIRTH  
AND/OR DEATH CERTIFICATES
- MARRIAGE LICENSE
- FAMILY GENEALOGY/ANCESTRY

ONCE THE APPLICATION IS COMPLETED, AND YOU HAVE ALL THE ABOVE DOCUMENTS, PLEASE CALL TRIBAL ENROLLMENT, (910)564-6909 x1, TO MAKE AN APPOINTMENT FOR YOUR INTERVIEW.



Coharie Intra-Tribal Council, Inc.  
7531 N US 421 Highway  
Clinton, North Carolina 28328

## APPLICATION FOR **NEW** ENROLLMENT

Please fill in ALL information - if an item does not apply to you, mark "NA"

Date: \_\_\_\_\_

### SECTION A- PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DATE \_\_\_\_\_ OF

BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

DURATION OF MARRIAGE: \_\_\_\_\_ MOS/YRS CHURCH

ATTENDED: \_\_\_\_\_

PHONE #(S): CELL \_\_\_\_\_ HOME \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### SECTION B- PATERNAL INFORMATION

MOTHER'S \_\_\_\_\_ FULL

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

MAIDEN NAME: \_\_\_\_\_ RACE: \_\_\_\_\_

TRIBAL AFFLIATION: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

RESIDENCE TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

DEATH DATE: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHURCH ATTENDED: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FATHER'S** **FULL**

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_

TRIBAL AFFLIATION: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

RESIDENCE

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

DEATH DATE: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHURCH ATTENDED: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECTION C- FAMILY INFORMATION**

**SPOUSE'S FULL NAME:** \_\_\_\_\_

TRIBAL AFFLIATION: \_\_\_\_\_ ENROLLMENT#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHURCH ATTENDED: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILDREN:**

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

## SECTION D- SCHOOL INFORMATION

SCHOOL ATTENDED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

GED: \_\_\_\_\_ DIPLOMA: \_\_\_\_\_

COLLEGE/UNIVERSITY ATTENDED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

## SECTION E- ADDITIONAL INFORMATION

**ENROLLED FAMILY MEMBERS:** If you have family members that are currently enrolled in the Coharie Tribe, please list their information below.

FULL NAME: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**REFERENCES:** Please provide the information below for three (3) friends/coworkers/etc. that can verify the information you have provided in this application.

FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_



Coharie Intra-Tribal Council, Inc.

7531 N US 421 Highway  
Clinton, North Carolina 28328  
910.564.6909

Email: [tribalenrollment@coharietribe.org](mailto:tribalenrollment@coharietribe.org)

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## ADULT AND CHILD CONSENT FORM

Coharie Indian Tribe  
of Sampson and Harnett Counties  
North Carolina

Enrollment #: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I agree, in writing, to become a member of the Coharie Indian Tribe, with all it's privileges entitled to me as a member. I also affirm that I am not enrolled with any other Tribe.

I attest to the above with my signature below.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_