





CITCI NEW TRIBAL ENROLLMENT

DOCUMENTS NECESSARY FOR **NEW** ENROLLMENT:

- ORIGINAL BIRTH CERTIFICATE WITH RAISED SEAL OR STAMP
- 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 (**ON FORM PROVIDED WITH THIS APPLICATION**)

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 OR REQUEST BY EMAIL AT tribalenrollment@coharietribe.org

PLEASE NOTE: If **ALL** documentation is not fully completed and included with your application, upon receipt in the Tribal Office, it will **NOT BE PROCESSED**, and Deemed incomplete.



Coharie Intra-Tribal Council, Inc.

7531 N US 421 Highway
Clinton, North Carolina 28328
tribalenrollment@coharietribe.org

DO NOT WRITE IN THIS SPACE!!

Enrollment #: _____

Chart #: _____

Original BC on File _____

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: _____

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Clinton, North Carolina 28328
910.564.6909

Email: tribalenrollment@coharietribe.org

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.

Signature: _____

Date: _____

Print Name: _____

Witness

Date: _____

Witness

Date: _____

