



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

*Tribal Enrollment Office Use*

*Do not write in this space!!*

Original BC on File \_\_\_\_\_

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

## CITCI TRIBAL ENROLLMENT CARD UPDATE FORM

Enrollment Number: \_\_\_\_\_

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

**PLEASE BE PREPARED TO PRESENT YOUR CURRENT \_\_\_ DRIVER'S LICENSE OR STATE ISSUED ID, \_\_\_ ORIGINAL BIRTH CERTIFICATE AND \_\_\_ SOCIAL SECURITY CARD FOR VERIFICATION TO THE ENROLLMENT STAFF AT YOUR APPOINTMENT.**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's **Full MAIDEN** Name: \_\_\_\_\_

Father's **Full** Name: \_\_\_\_\_

Marital Status (circle one): SINGLE MARRIED DIVORCED WIDOWED

Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Children:

Child's Name	Date of Birth	Place of Birth	Additional Information

Are you enrolled in another Tribe? \_\_\_\_\_

If yes, what Tribe? \_\_\_\_\_

Are you a direct Coharie descendant? \_\_\_\_\_

If no, please explain \_\_\_\_\_

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List community involvement/events attended in the last five (5) years:

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**After completing this form, please call the Enrollment Office, (910)564-6909 x33, or email an appointment request to [tribalenrollment@coharietribe.org](mailto:tribalenrollment@coharietribe.org) to set up an appointment to update your Tribal ID.**

**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.**