

# THE SOVEREIGN NATCHEZ NATION

OF THE TRADITIONAL MVSOKOKE CONFEDERACY

P.O. Box 484

Gore (at Notchietown), Oklahoma 74435

(918) 506-9404 (918) 515-1746

## Citizenship Application

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Name Last First Middle Maiden

Sex: M ( ) F ( ) Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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Street Address – Rural Route – or P.O. Box

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City State Zip Code

Marital Status: Single ( ) Married ( ) Widowed ( ) Separated ( )

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Current Home Telephone Number Business or Contact Telephone Number

Provide us as much information as possible in the following categories: (Check or give information)

Natchez by Blood? Yes ( ) No ( ) CDIB Card? Yes ( ) No ( ) Full Degree of Blood \_\_\_\_\_

Name ALL tribes with which you have ancestry: \_\_\_\_\_

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Tem Hetcesv (Your Clan)

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Tem Wahstv (Your Tribal Town)

Are you a descendant of one or more persons on the 1906/7 Dawes Commission Roll(s)? Yes ( ) No ( )

Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Signature(s):** I hereby certify that the above information, given for the purpose of enrollment with the Natchez Nation (Nvculke Walt Tvluen Mvny Pumpely) is true and correct to the best of my knowledge. Parent or legal guardian must sign for persons under the age of eighteen (18).

**(Please send copies/certified copies of all verifying information for each applicant – See list on reverse side of application)**

This information is confidential and copies are maintained for enrollment purposes only. Information can only be released by court order (of the Traditional Natchez Court or other court of competent jurisdiction) or when accompanied by a notarized release of information signed by the applicant/enrollee.

Citizenship in the Natchez Nation requires that each person donate a 40 hour week of their time annually or resources to the benefit of the Nation (or live and work in a Natchez Community). Please specify your area of expertise and whether you desire to contribute a week of work, make a monetary contribution, or resources.

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**Area(s) of Expertise**

**Community Member of** \_\_\_\_\_ **Community (ongoing contributor).**

**Amount of Annual Contribution (if not a community member)** \_\_\_\_\_

**Resources to be donated in lieu of monetary contribution:** \_\_\_\_\_

**Information which can be used to determine citizenship:**

CDIB Cards

Birth Certificates

Death Certificates

Family Tree(s) – Provided

Proof of Heirship (Oil lease copies or other records)

Oral History as Confirmed by Principal Cuv(s) [Chiefs] and/or Primary Vliketv Etske(s) [Clan Mothers]

Final Approval may be predicated by council decision.

Other Documents may also be appropriate – Request assistance if necessary.

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For Enrollment Department Use Only:

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

Confirmed by: \_\_\_\_\_

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

Confirmed by: \_\_\_\_\_

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

Address Update(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment (and initials):