

THE SOVEREIGN NATCHEZ NATION

OF THE TRADITIONAL MVSKOKE CONFEDERACY

P.O. Box 484

Gore (at Notchietown), Oklahoma 74435

(918) 489-5244 (918) 506-5830

Citizenship Application

Name Last First Middle Maiden

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

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

City State Zip Code

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

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: _____

Tem Hatces'v (Your Clan)

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: _____

Signature(s): I hereby certify that the above information, given for the purpose of enrollment with the Natchez Nation (Nvculke Wvlt Tvluen Mvnyv Pumpeyv) 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.

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 Cuvn(s) [Chiefs] and/or Primary Hecsv nessv(s) [Clan Mothers]
- Final Approval may be predicated by council decision.

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

For Enrollment Department Use Only:

Enrollment Date: _____ Confirmed by: _____

Resigned Date: _____ Confirmed by: _____

Deceased Date: _____

Address Update(s): _____

Comment (and initials):