

CONTROL # \_\_\_\_\_

PONCA TRIBE OF NEBRASKA

ENROLLMENT DEPARTMENT

PO Box 288

Niobrara, NE 68760

Phone: 402-857-3519

FAX: 402-857-3652

**APPLICATION FOR ENROLLMENT**

Applicant's Full Name: \_\_\_\_\_

Indian, Maiden or other name by which known: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Physical Address (Required): \_\_\_\_\_

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

County: \_\_\_\_\_

Phone Number: (Required) (        ) \_\_\_\_\_

Date of Birth

Place of Birth

SSN

Ancestor on Base Roll (1934, 1935 or 1965) through whom enrollment rights are claimed:

Name: \_\_\_\_\_ Roll NO. \_\_\_\_\_ Relationship \_\_\_\_\_

Are you presently or have you ever been enrolled with another Tribe?

\_\_\_\_\_yes

\_\_\_\_\_no

If yes, which Tribe: \_\_\_\_\_

Is either parent enrolled with another Tribe? \_\_\_\_\_yes      \_\_\_\_\_no

If yes, which parent and with what Tribe? \_\_\_\_\_

FATHER'S NAME

MOTHER'S NAME

GRANDFATHER

GRANDFATHER

GRANDMOTHER

GRANDMOTHER

Is applicant an adopted child? \_\_\_\_\_yes \_\_\_\_\_no

**APPLICANTS STATE CERTIFIED BIRTH CERTIFICATE (with raised seal) AND A PHOTOCOPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH APPLICATION FORM!**

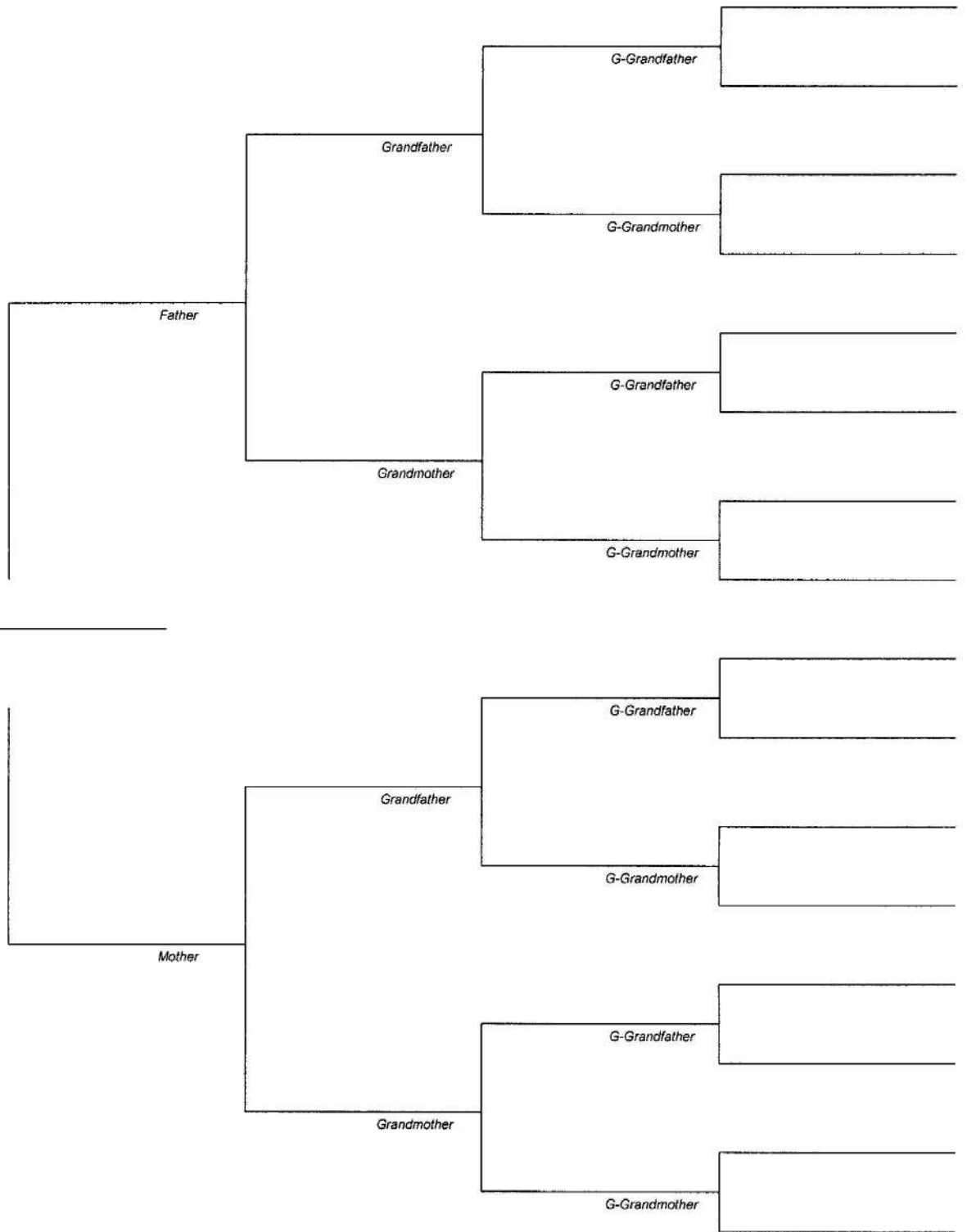
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Custodial Parent/Guardian  
OR

\_\_\_\_\_  
Applicant

# Ponca Tribe Of Nebraska

Family Tree Chart for:



# Ponca Tribe Of Nebraska

Family Tree Chart for: