

CONTROL # _____

**PONCA TRIBE OF NEBRASKA
ENROLLMENT DEPARTMENT**

PO Box 288 Phone: 402-857-3519
Niobrara, NE 68760 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 a stamped or raised seal) AND A PHOTOCOPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH APPLICATION FORM!**

Date Signed

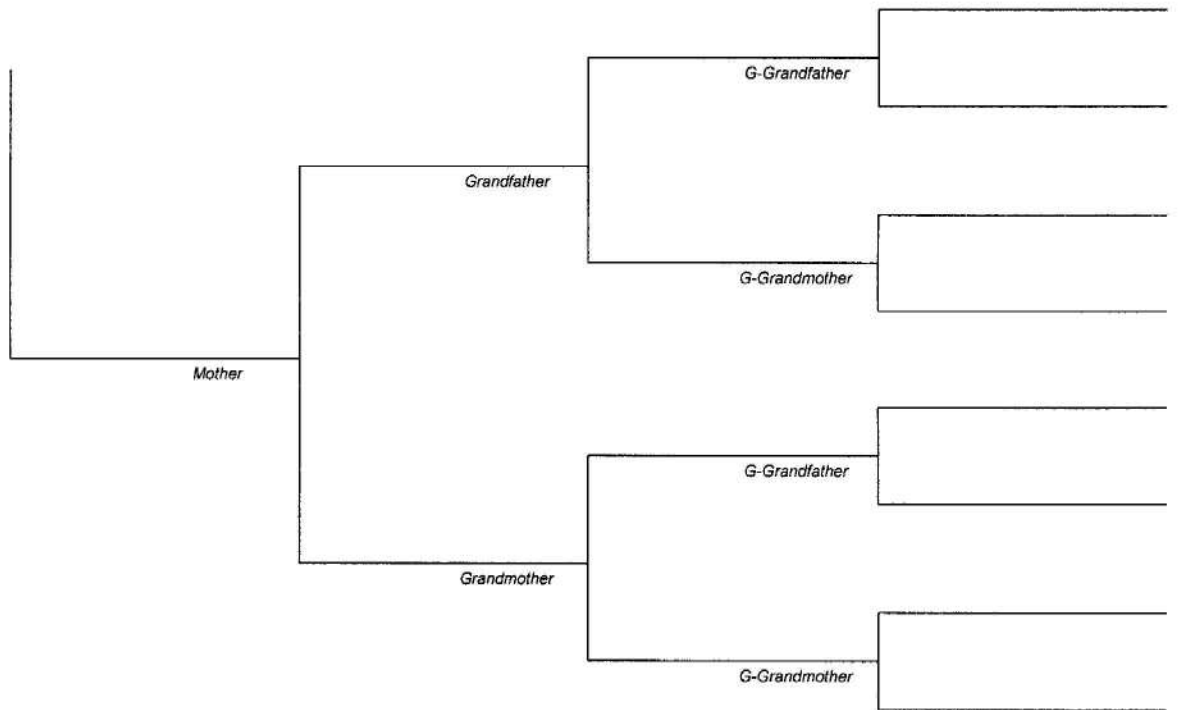
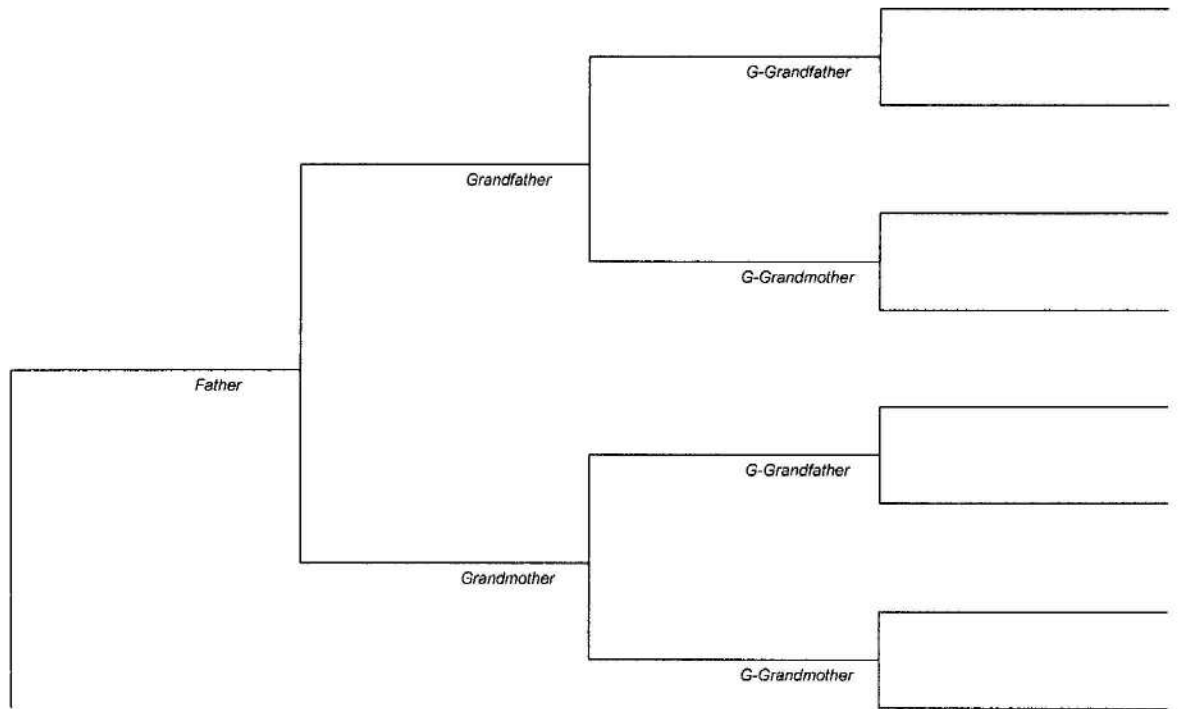
Signature of Custodial Parent/Guardian

OR

Applicant

Ponca Tribe Of Nebraska

Family Tree Chart for:



Ponca Tribe Of Nebraska

Family Tree Chart for: