# THE WHITETOP BAND OF NATIVE INDIANS

APPLICATION FOR ENROLLMENT PACKET

P.O. BOX 867, GEORGETOWN, KENTUCKY 40324 [WWW.WHITETOPTRIBE.ORG](http://www.whitetoptribe.org/)

The purpose and mission of The Tribe of the White top Band of Native Indians is to protect and

enhance the quality of the lives of all our members, to protect the culture and traditions of our Native Americans, to teach our young people the his tory of our families and the his tory of Native American peoples, to respect the burial sites of our ancestors that have gone before us and for the generations to come, and to confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth. We will stress the importance of Her continued survival.

The Tribe will e le ct our own leaders and teach our childre n the importance of education and self- reliance. Also, we pledge to care for our elderly and our youth. We commit to assisting and serving our communitie s and our country.

Each Citizen is Protected Under the Following Acts:

* The American Indian Religious Act of 1978
* The Free Exercise Clause of the First Amendment
* The Free Exercise Clause of the 1968 Indian Civil Rights Act
* Treaty of 1701
* J Tre aty
* Unite d Nations Declaration on the rights of Indige nous peoples adopted by General Assembly Resolution 61/295 of 13 September 2007

If you have any questions or need assistance, please contact us. info@whitetoptribe.org

S ince re ly,

The Tribe of the White top Band of Native Indians

# THE WHITETOP BAND OF NATIVE INDIANS

INSTRUCTIONS TO APPLY FOR CITIZENSHIP

\*\*Please note—you must submit a Pedigree or Family Tree and all supporting documents, with your completed application. Thank you\*\*

Applicant for citizenship in The Tribe of the White top Band of Native Indians must be a citize n of The United States of America. There are three types of citizenship. Tribal Citizen; Requires a direct

Sizemore lineage with supporting documents. Adopted Citizen; Is and individual, such as spouse or child that res ide s with a Tribal Citize n. Associate Citize n; Someone clos e ly re late d to a Tribal Citize n. Must provide pedigre e showing a dire ct link to a Tribal Citize n and a dire ct link to a Native American Ancestor.

REQUIRED AND ACCEPTABLE DOCUMENTS

Please send unedited copies, as they cannot be returned.

* + Birth, Death, and Marriage Certificates
	+ State Issued Identification or Driver’s License
	+ Family Bible Records
	+ Government Census Report
	+ U.S. Military Records
	+ Enrollme nt on Federally Recognize d Indian Census or Rolls
	+ Clear and legible photograph of ancestor’s burial marker

If you have questions regarding what qualifies as an “official” and acceptable document for proof of identity and lineage, please contact us at your earlies convenie nce.

\*Applicants wanting to join as adopted/associate citize ns will be added to a waiting lis t in the order the applications are rece ive d. We will revie w our citize nship numbers periodically and new

adopted/associate citizens will be added as permitted by our ByLaws.

# THE WHITETOP BAND OF NATIVE INDIANS

ADMISSION PROCESSING FEES

Applications for those descending from a current enrolle d Citizen, please enclose $15.00

* Please fill out the appropriate information on the application of the enrolle d citizen you descend from. Any incorrect information could result in following:
1. Denial of application
2. Re submittal of application
3. Additional process ing fees

All other Applications, please enclose $20.00 Tribal ID card

* Each main applicant is provided one card

i. Tribal ID cards for additional applicants (i.e . your natural minor childre n include d in this application) is $5.00

* A picture must be included for each ID card requested
* ID cards are not required to be a Citizen
* ID cards can be requested at a later time for an additional fee
* Replacement ID cards can be requested for an additional fee Application processing fees are not refundable

Enclose check or money order payable to: The Tribe of the White top Band of Native Indians

All costs are subject to change. There are no other fees for citizenship nor monetary benefits to our citizens at this time. We operate on donations—they MAY be tax deductible and always appreciate d. We look forward to the day when we will be able to e xte nd betterment benefits to our citize ns.

# THE WHITETOP BAND OF NATIVE INDIANS

APPLICANT’S CITIZENSHIP ENROLLEMNT INFORMATION

NAME: STREET ADDRESS: CITY: STATE: ZIP: EMAIL ADDRESS: PHONE: SPOUSE’S NAME: DATE OF BIRTH:

NUMBER OF CHILDREN IN YOUR FAMILY THAT ARE UNDER THE AGE OF 18. MALE: FEMALE:

APPLICANT’S PERSONAL CHARACTERIS TICS

EYE COLOR: HAIR COLOR: HEIGHT: WEIGHT: DATE OF BIRTH: BIRTH LOCATION:

Please attach copies of your State issued ID or Driver’s License, Birth Certificate, Pedigree/Family Tree showing DIRECT SIZEMORE LINEAGE with supporting documents for each ancestor/link.

The following sheets need to be completed, as part of your application. Firs t is the citize n type you are applying for, ple ase mark (“X”) in the appropriate location. Then continue to fill our all the information. This will document your current and

ancestral lineage. Remember, you MUST be a direct descendent of a S ize more. Your application will be kept in our private file s and remain confide ntial. By signing and submitting your application to the tribe, you are consenting that the tribe may use your contact information, (name, address, etc.) for official tribal business purposes. You may receive newsletters, and other tribal communications .

□ Check this box to opt out on receiving tribal communications CITIZENS HIP APPLYING FOR

Citize n ( )

Adopted Citizen ( ) Associate Citize n ( )

# THE WHITETOP BAND OF NATIVE INDIANS

Ple ase lis t all information of childre n living in your home to be considered for Citizenship.

Attach pages with additional children if necessary.

If you have a child that is 18 or older—they will need the ir own application. Childre n res iding with primary applicant to be considered for Citizenship

Children ages 14-17 are required to s ign if Citizenship is des ired.

APPLICANT’S NAME: DATE OF BIRTH

1. NAME: DATE OF BIRTH

CITY/STATE OF BIRTH: MALE: FEMALE

AGE AT TIME OF APPLICATION: BIOLOGICAL CHILD? YES NO CHILD’S S IGNATURE (IF 14-17):

BIOLOGICAL PARENT’S SIGNATURE (IF UNDER 14):

1. NAME: DATE OF BIRTH

CITY/STATE OF BIRTH: MALE: FEMALE

AGE AT TIME OF APPLICATION: BIOLOGICAL CHILD? YES NO CHILD’S S IGNATURE (IF 14-17):

BIOLOGICAL PARENT’S SIGNATURE (IF UNDER 14):

1. NAME: DATE OF BIRTH

CITY/STATE OF BIRTH: MALE: FEMALE

AGE AT TIME OF APPLICATION: BIOLOGICAL CHILD? YES NO CHILD’S S IGNATURE (IF 14-17):

BIOLOGICAL PARENT’S SIGNATURE (IF UNDER 14):

# THE WHITETOP BAND OF NATIVE INDIANS

Ple ase lis t the names of your Ancestors on this page. Attach pages with additional information if necessary.

ANCES TORS OF PRIMARY APPLICANT

APPLICANTS’ NAME: DATE OF BIRTH:

1. I AM THE SON DAUGHTER

MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF FATHER’S DEATH: CITY, COUNTY, STATE:

1. I AM THE SON DAUGHTER

MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF FATHER’S DEATH: CITY, COUNTY, STATE:

1. I AM THE SON DAUGHTER

MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF FATHER’S DEATH: CITY, COUNTY, STATE:

# THE WHITETOP BAND OF NATIVE INDIANS

1. I AM THE SON DAUGHTER

MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF FATHER’S DEATH: CITY, COUNTY, STATE:

1. I AM THE SON DAUGHTER

MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

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MOTHER: FATHER:

DATE OF MOTHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF MOTHER’S DEATH: CITY, COUNTY, STATE:

DATE OF FATHER’S BIRTH: CITY, COUNTY, STATE:

DATE OF FATHER’S DEATH: CITY, COUNTY, STATE:

# THE WHITETOP BAND OF NATIVE INDIANS

Ple ase lis t the names of any family member that is a current Citize n.

Attach pages with additional information if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | Date | of Birth: Tribal Number:  |
| 2. Name: |  | Date | of Birth: Tribal Number:  |
| 3. Name: |  | Date | of Birth: Tribal Number:  |
| 4. Name: |  | Date | of Birth: Tribal Number:  |
| 5. Name: |  | Date | of Birth: Tribal Number:  |
| 6. Name: |  | Date | of Birth: Tribal Number:  |
| 7. Name: |  | Date | of Birth: Tribal Number:  |
| 8. Name: |  | Date | of Birth: Tribal Number:  |
| 9. Name: |  | Date | of Birth: Tribal Number:  |
| 10. Name: |  | Date | of Birth: Tribal Number:  |
| 11. Name: |  | Date | of Birth: Tribal Number:  |
| 12. Name: |  | Date | of Birth: Tribal Number:  |
| 13. Name: |  | Date | of Birth: Tribal Number:  |
| 14. Name: |  | Date | of Birth: Tribal Number:  |
| 15. Name: |  | Date | of Birth: Tribal Number:  |

# THE WHITETOP BAND OF NATIVE INDIANS

I certify that all the information above is accurate to the best of my knowledge and understand that

any false information will render this application void. I also certify that I am not a citizen of any other tribe .

APPLICANT’S SIGNATURE:

Spouse of applicant must s ign this line if Citizenship is des ired.

S IGNATURE OF SPOUSE:

DATE:

DATE:

\*If you are currently a member of another tribe, a notarized relinquis hment form will be require d for Citizenship.

THE TRIBE OF THE WHITETOP BAND OF NATIVE INDIANS, INC

P.O. BOX 867, GEORGETOWN, KY 40324

RECEIVED BY: DATE:

APPROVED BY: DATE: