

Sovereign Chickamauga Cherokee Tribe
Dardanelle, Arkansas 72834

- 1) Complete your personal information – enter your last, first, and middle name as shown on your birth certificate. For women, enter your married name and include a copy of your marriage license for this field. Files will be listed under your maiden name, not married. Enter your date of birth, gender, and social security number. Your social security number will be needed if federal recognition is obtained.
- 2) Address – complete your physical and mailing address. The city, state, and zip information should be completed according to your mailing address.
- 3) E-mail Address – You will be contacted via e-mail on any news update or new information.
- 4) Alternate Tribal Registration – if you are registered with another tribe, you may still be eligible to enroll with The Sovereign Chickamauga Cherokee Tribe as long as the other tribe is not federally recognized. You will need to include the name of the other tribe.
- 5) Cherokee Ancestor – list the oldest descendent in your family tree who was Cherokee. This person must have been born prior to 1870 and lived in the approved counties during 1800-1870.
- 6) Relative Enrolled – if you already have relatives enrolled with us, please list their name and roll number.
- 7) Signature – only the applicant can sign this application unless the applicant is a minor, in which case the parent or guardian shall sign in the minor's place.
- 8) Your information will remain protected at all times and will not be shared unless it is a requirement of the agency.
- 9) Affidavit – this should be completed by the oldest living relative in your family who is aware of Cherokee heritage within your family. This form should be completed on the descendent listed on (5) and list the specific reasons of how you are aware of this information.
- 10) Family Tree – please fill in all information for the family tree, which should include you, your biological parents, grandparents, and great grandparents. Once you have completed the third tier in the family, you only need to note the ancestors and their spouse that are of Cherokee descent. The last person in your tree should be the person referenced on (5). You are required to include all documentation that links you to the person (5) which shall include birth certificate, death certificate, marriage licenses, census record, land deeds, family Bible records, or any other information you may have which prove you are a descendant of the Cherokee ancestor listed on (5). Attach additional sheets if necessary. Please send information on letter size paper (8 ½ x 11)

(There will be a \$25 donation with each application)

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Application for Citizenship in The Sovereign Chickamauga Cherokee Tribe

1) _____

Last

First

Middle

Married

Date of Birth _____ ☐ Male ☐ Female _____

Social Security Number _____

2) Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

3) Telephone () _____ E-mail Address (Optional) _____

4) Are you a registered member with another tribe? ☐ Yes ☐ No

If yes, list tribe. _____

5) Give the name of the Cherokee ancestor for which eligibility is claimed:

6) Relative enrolled with the Sovereign Chickamauga Cherokee Tribe: _____

Relative's Roll Number: _____

7) Signature of Applicant _____ Date _____

Parent or Guardian (if applicant is under 18) _____ Date _____

Do Not Write Below This Line: For Office Use

CCT Registration Number: _____

☐ Approved ☐ Denied

Reason (if denied) _____

Registrar _____ Date _____

APPLICANT	
Name:	
DOB:	
City:	State:

CHECK THE CORRECT BOX TO THE LEFT OR RIGHT THAT YOU WILL BE FOLLOWING FOR YOUR LINEAGE

☐
☐

FATHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

MOTHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

GRANDFATHER	GRANDMOTHER
Name:	Name:
DOB:	DOB:
City:	State:
DOD:	DOB:
City:	State:

GRANDFATHER	GRANDMOTHER
Name:	Name:
DOB:	DOB:
City:	State:
DOD:	DOB:
City:	State:

GREAT GRANDFATHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

GREAT GRANDMOTHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

GREAT, GREAT GRANDFATHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

GREAT, GREAT GRANDMOTHER	
Name:	
DOB:	
City:	State:
DOD:	
City:	State:

You must list to at least 1870 to the person/Cherokee that you are coming off of.

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¹⁰⁾ AFFIDAVIT
OF
CHEROKEE BLOOD

I. _____, do hereby certify that _____
Oldest Living Relative's Name Applicant's Name

is a descendent of _____ who is of Cherokee Blood, living in the
Cherokee ancestor which eligibility is claimed
State/Territory of Arkansas in the 1800's. I know this above statement is true because of the following
reason(s): (Please be specific and list examples of how you know this information)

Name: _____
Oldest Living Relative's Signature

Date: _____

In witness whereof I have set unto set my hand and official seal on this _____ day
of _____, 200____.

Notary Signature _____ My commission expires: _____

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8) **Authorization for Release of Information**

I, _____, authorize the release of information requested by the Sovereign Chickamauga Cherokee Tribe. The request of information shall be used solely in the administration of tribal related programs.

Agencies that may be contacted include, but are not limited to:

- Programs and services of the Sovereign Chickamauga Cherokee Tribe
- Bureau of Indian Affairs
- Indian Health Services
- School Authorities
- Federal, State, and Local agencies

Date _____ Signature of Applicant _____

The above signature is by:

- () Self
- () Authorized Representative (proof of guardianship required)
- () Next of Kin – Relationship _____

Signature of Parent/Guardian (if applicant is under 18)