

UNITED CHEROKEE ANI-YUN-WIYA NATION ENROLLMENT APPLICATION

Required: Your application will not be processed without a copy of birth certificate, signature and photo(s)!

PLEASE PRINT EACH INDIVIDUAL'S NAME ON THE BACK OF EACH PHOTO!

Return to: PO Box 754 Guntersville, AL 35976

Complete both sides and return with a \$50.00 minimum processing fee.

APPLICATION WILL NOT BE PROCESSED IF NOT COMPLETED. For our records, please sign line (1) or (2) below: **** **** This information is not **** *** *** *** *** *** ***									ognized Tribe.	United Cherokee Ani-Yun-Wiya Nation. Chrizenship in United Cherokee Ani-Yun-Wiya Nation is open to any person who oprovide evidence of their Cherokee bloodline by substantiating the direct descendency from a person whose name appears on any federofficial roll. Direct descendency, by definition in this context, mean that the person on the roll must have been your parent, grandparent any generation of great-grandparent. There is no blood quant requirement. To establish your lineage, the following is required:		
	required for enrollment.											
	Please list any disabled persons	<u>I</u>	<u>If you have been a</u>	<u>ssocialea w</u>	un anoiner stat	<u>ie iribe, sigi</u>	n une (2) P	<u>ieuse reuu ii</u>	<u>ne 2 care</u>	<u>juny bejore si</u>	gning.	1). A completed application which includes all family charts beginn with the oldest living member of your family desiring enrollment a
	in your household.	(2)			J C	21 12-4- J. h						then going back to and including the direct ancestor whose na appears on a roll. (If the chart on the back of the application needs to
		(2). 1,	Tribe, an Alabama	a Recognized	and my lami	ily listed here	are presently	members of th	le Thorokoo A	ni_Vun_Wiva Na	tion	extended, attach additional sheets).
			Tibe, an Alabama	a Recognized d	o hereby <i>willingl</i> y	v abandon a	ll other triba	l enrollments	S.	III- 1 UII- VV 1ya 1 Va	tion	,
			PRINT NAME	BELOW	<i>y</i>	,			•			2). The name of the roll your ancestor's name appears on, together we the exact spelling of their name as it appears on the roll and their i
												number.
		I,			, verif	ry that the info	rmation on this	form is true an	d correct to	the best of my kn	owledge.	3). Documentation that proves the relationship between the Nat American Indian blood members of each succeeding generation. T
	****		I unders	tand that using	false information r	may lead to ren	moval from Un	ited Cherokee A	Ani-Yun-Wi	ya Nation.	C	can be: birth certificates, marriage licenses, death certificates, docum
			By s	igning this app	olication I DO AFF	IRM all inform	nation contained	d herein to be tr	ruthful and o	correct.		copies from pertinent records in the Native American Records groufrom National or State Archives; certified copies from family bibl
			Applicant's	Signature:				Do	to:			text copies from published works which document Cherokee blood name; and court records. In other words, ANY official document v
			Applicant 8 S	orginature				Da	ie		_	be considered, however proof of the lineage must be established.
PPLICAN	T											some cases, when documentation between some generations is available, notarized affidavits from the oldest two members of you
IAME:					ADDRESS.				APT#	LOT#		family will be considered. Please note that an affidavit has be provided at the bottom of this sheet for your convenience.
Firs	st Middle	Maide	en Las	st					_ 111 1.//			By signing this application, you agree to all terms contained on this application.
NDIAN CO	OMMUNITY NAME IF ANY: OME ()				Citv		State		County		Zip Code	United Cherokee Ani-Yun-Wiya Nation reserves the right to accept or reject
HONE: HO	OME ()	OFFICE ()		SOCIAL SEC	CURITY NUMBER:			DATE	OF APPLICAN	TS BIRTH:		application. Please note that your information may be shared with other member for communication purposes.
OATE OF A	PPLICANTS MARRIAGE:		NAME OF ALL PREV	IOUS SPOUSES: _								Who referred you to United Cherokee Ani-Yun-Wiya Nation?
	DRESS:											Please supply Tribal Enrollment Number when referencing a Tril Citizen.
OID YOU SI	ERVE IN THE MILITARY: YES _	NO IF YOU DID SER	RVE IN THE MILITARY, PLE	EASE INDICATE	WHICH BRANCH:							Respectfully,
F YOU WE	RE DEPLOYED TO SERVE DURIN	NG A WAR OR CONFLICT PLEA	ASE INDICATE THEATER:									United Cherokee Ani-Yun-Wiya Nation Enrollment Council
O YOU HA	AVE FAMILY ENROLLED WITH U	JNITED CHEROKEE ANI-YUN-	-WIYA NATION? YES	NO PLEAS	SE GIVE NAME & ENR	OLLMENT # OF I	FAMILY MEMBER	YOU ARE REFER	ENCING:			
ge is 18		APPLICANT, PLEASE FILL IN II	NEORMATION BELOW FOR I	IVING CHILDREN	IF CHILD IS MARRIED (OR IS 18 OR OLDE	R HE OR SHE MUS	ST SURMIT A SEPA	RATE APPLICA	ATION		AFFIDAVIT IS OPTIONAL
or older		,	MI ORWATION BELOW FOR E		1			T SOBMIT A SEFA				(1)(signature of elder in your family)
N M/F	First Name	Middle Name	Last Name	Birth Date	Name and Ado	dress of School Child is	s Attending.	County	State	Social Security Number	Roll Number	of lawful age, being first duly sworn, deposes and says as follows:
												(2).
												(elgnature of elder in your family) of lawful age, being first duly sworn, deposes and says as follows:
11												I am well acquainted with
								+				
+												(applicant's name) and know of my own knowledge that the applicant named abo
+								+				is the (son, daughter) of
DOLIGE D					CTED CHILDRE	737						(Mother)
POUSE-PI	lease fill in information below if app	plicable.			STEP-CHILDRE	ZN:						and (Father), a is known as a Cherokee Indian by members of the community
IAME:						1	First	Middle		ast	Birthday	which he/she resides. Affiant (person applying for membership)
IAME OF T	TRIBE IF ANY:		DATE OF SPOUSE'S BIRTH	I:		2				,	,	·
						2	First	Middle	L	ast	Birthday	(applicant's signature) Subscribed and sworn to before me this day of
						J	First	Middle	L	ast	Birthday	
OID YOU SI	ERVE IN THE MILITARY: YES _	NO IF YOU DID SER	RVE IN THE MILITARY, PLE	EASE INDICATE V	WHICH BRANCH:							Notary Public:
F YOU WE	RE DEPLOYED TO SERVE DURIN	NG A WAR OR CONFLICT PLEA	ASE INDICATE THEATER:									My Commission Expires:

FOR TRIBAL USE ONLY (DC)

ROLL NUMBER:	

Dear Applicant,

Thank you in advance for requesting an application to become a citizen

(applicant's name)	
d know of my own knowledge that the applicant named abo is the (son, daughter) of	named above



UNITED CHEROKEE ANI-YUN-WIYA NATION ENROLLMENT APPLICATION

Required: Your application will not be processed without certified birth certificate, signature and photo(s)! PLEASE PRINT EACH INDIVIDUAL'S NAME ON THE BACK OF EACH PHOTO!

Return to: 6407 Jarmon Road Guntersville, AL 35976

****Dekalb County—Complete both sides and return****

APPLICATION WILL NOT BE PROCESSED IF NOT COMPLETED.

For our records places sign line (1) or (2) below.

	"Walking the Good Red Road Together" ***** This information is not required for enrollment. Please list any disabled persons in your household. *****	(2). I,	If you have never been associated with any other state tribe, sign line (1) (1). I,									
APPLICAN	NT.	A	oplicant's Sign	ature:			_	from National or State Archives; certified copies from family bitext copies from published works which document Cherokee blooname; and court records. In other words, ANY official document be considered, however proof of the lineage must be established some cases, when documentation between some generations is available, notarized affidavits from the oldest two members of				
					A DDDEGG			A DTE //	LOTH		family will be considered. Please note that an affidavit has provided at the bottom of this sheet for your convenience.	
NAME:	st Middle	Maiden	Last		ADDRESS:							
INDIAN CO	OMMUNITY NAME IF ANY:	OPPIGE (City	State	DATE O	County	TC DIDTH	Zip Code	By signing this application, you agree to all terms contained on this application. United Cherokee Ani-Yun-Wiya Nation reserves the right to accept or reject application. Please note that your information may be shared with other mer	
											for communication purposes.	
	APPLICANTS MARRIAGE:										Who referred you to United Cherokee Ani-Yun-Wiya Nation? Please supply Tribal Enrollment Number when referencing a Ti	
EMAIL AD	DRESS:		FAX NUMBER:			APPLICANTS EM	MPLOYER:				Citizen.	
IF YOU WE	SERVE IN THE MILITARY: YES NO ERE DEPLOYED TO SERVE DURING A V AVE FAMILY ENROLLED WITH UNITE	WAR OR CONFLICT PLEASE INDIC	ATE THEATER:								Respectfully, United Cherokee Ani-Yun-Wiya Nation Enrollment Council	
Age is 18 or older		LICANT, PLEASE FILL IN INFORMATION									AFFIDAVIT IS OPTIONAL (1)	
Y N M/	F First Name	Middle Name L	ast Name	Birth Date	Name and Address of Scho	ol Child is Attending.	County	State	Social Security Number	Roll Number	(signature of elder in your family) of lawful age, being first duly sworn, deposes and says as follows:	
++											(2)(signature of elder in your family) of lawful age, being first duly sworn, deposes and says as follows:	
											I am well acquainted with	
											(applicant's name)	
											and know of my own knowledge that the applicant named ab is the (son, daughter) of	
_ SPOUSE-P		 le.		Ţ	STEP-CHILDREN:						(Mother) and (Father) ,	
					1				/	/ 	is known as a Cherokee Indian by members of the communit which he/she resides.	
NAME OF	TRIBE IF ANY:	DATE OF S	SPOUSE'S BIRTH:		2.	First	Middle		ast /	Birthday	Affiant (person applying for membership)	
	SPC					First	Middle		ast	Birthday	(applicant's signature) Subscribed and sworn to before me this day of	
DID YOU S	SERVE IN THE MILITARY: YES NO	O IF YOU DID SERVE IN THE	MILITARY, PLEASE	INDICATE W	HICH BRANCH:	First	Middle		ast	Birthday		
	—— ERE DEPLOYED TO SERVE DURING A										My Commission Expires:	

FOR TRIBAL USE ONLY

Dear Applicant,

Thank you in advance for requesting an application to become a citizen of the United Cherokee Ani-Yun-Wiya Nation. Citizenship in the United Cherokee Ani-Yun-Wiya Nation is open to any person who can provide evidence of their Cherokee bloodline by substantiating their direct descendency from a person whose name appears on any federal means antum

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(applicant's name)	
d know of my own knowledge that the applicant named above	V€
is the (son, daughter) of	

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FOR TRIBAL USE ON	I <u>LY</u>	G-GrandFather:	GG-GrandFather:	GGG-GrandFather:	_	GGGG-GrandFather:
DOLL DELATED.		Birth Date:	Birth Date:Where:	Birth Date:	Death Date:	GGGG-GrandMother:
ROLL RELATED:		Where:	Death Date: Where:	GGG-GrandMother:		GGGG-GrandFather:
ROLL NUMBER:		When Married:	Any Additional Information		Death Date:	GGGG-GrandMother:
FAMILY MEMBER:		Death Date:	GG-GrandMother:	GGG-GrandFather:		GGGG-GrandFather:
DATE APPROVED:		Where:	Birth Date:Where:		Death Date:	GGGG-GrandMother:
		Any Additional Information below	Death Date: Where:	GGG-GrandMother:	D. d. D.	GGGG-GrandFather:
APPROVED BY:			Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
		G-GrandMother:	GG-GrandFather:	GGG-GrandFather:		GGGG-GrandFather:
	Coop dEath on	Birth Date:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
	GrandFather:	Where:	Death Date:Where:	GGG-GrandMother:		GGGG-GrandFather:
Father:	Birth Date:	When Married:	Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
rather.	Where:	Death Date:	GG-GrandMother:	GGG-GrandFather:		GGGG-GrandFather:
Birth Date:	When Married:	Where:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
Where:	Death Date:	Any Additional Information below	Death Date: Where:	GGG-GrandMother:		GGGG-GrandFather:
When Married:	Where:		Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
Death Date:	Any Additional Information below	C. Constalled to the	GG-GrandFather:	(aga a In I		
Where:	Any Additional Information below	G-GrandFather:Birth Date:	Birth Date: Where:	GGG-GrandFather: Birth Date:	Death Date:	GGGG-GrandFather:
Any Additional Information below		Where:	Death Date: Where:		Death Date.	GGGG-GrandMother:
Any Additional Information below		When Married:	Any Additional Information	GGG-GrandMother: Birth Date:	Death Date:	GGGG-GrandFather:
		Death Date:			Death Date.	GGGG-GrandMother:
	Comp. D. Cothern	Where:	GG-GrandMother: Birth Date: Where:	GGG-GrandFather: Birth Date:	Death Date:	GGGG-GrandFather:
	GrandMother	Any Additional Information below	Death Date: Where:	GGG-GrandMother:	Douth Butc.	GGGG-GrandMother:
	Birth Date:	·	Any Additional Information	Birth Date:	Death Date:	GGGG-GrandFather:
	Where:			Bitti Bute.	Bouil Bute.	GGGG-GrandMother:
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	Death Date:	Birth Date:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
APPLICANT:	Where:	Where:	Death Date: Where: Any Additional Information	GGG-GrandMother:		GGGG-GrandFather:
		When Married:	- Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
Birth Date:	Any Additional Information below	Death Date:	GG-GrandMother:	GGG-GrandFather:		GGGG-GrandFather:
		Where:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
Where:		Any Additional Information below	Death Date: Where: Any Additional Information	GGG-GrandMother:		GGGG-GrandFather:
When Married:			Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
Death Date:						GGGG-GrandFather:
Where:	GrandFather:	G-GrandFather:	GG-GrandFather:	GGG-GrandFather:	Death Date:	GGGG-GrandMother:
Any Additional Information below	Dist. Date:	Birth Date:	Birth Date: Where: Use and the Where: Where: Where:	_	Death Date:	GGGG-GrandNotner:
, and the second	Birth Date: Where:	Where:	Any Additional Information	GGG-GrandMother: Birth Date:	Death Date:	
	When Married:	When Married:	-		Death Date.	GGGG-GrandMother:
	Death Date:	Death Date: Where:	GG-GrandMother:	GGG-GrandFather: Birth Date:	Death Date:	GGGG-GrandFather:
	Where:	Any Additional Information below	Birth Date: Where: Where:		Death Date.	GGGG-GrandMother:
		Any Additional Information below	Death Date: Where: Any Additional Information	GGG-GrandMother: Birth Date:	Death Date:	GGGG-GrandFather:
	Any Additional Information below		Any Additional Information	Bitti Bute.	Death Date.	GGGG-GrandMother:
		G-GrandMother:	GG-GrandFather:	GGG-GrandFather:	<u> </u>	GGGG-GrandFather:
		Birth Date:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
Mother:		Where:	Death Date:Where:	GGG-GrandMother:		GGGG-GrandFather:
		When Married:	Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
Birth Date:	GrandMother	Death Date:	GG-GrandMother:	GGG-GrandFather:		GGGG-GrandFather:
Where:	Did D	Where:	Birth Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
When Married:	Birth Date:	Any Additional Information below	Death Date: Where:	GGG-GrandMother:		GGGG-GrandFather:
Death Date:	Where: When Married:		Any Additional Information	Birth Date:	Death Date:	GGGG-GrandMother:
Where:	Death Date:	G-GrandFather:	GG-GrandFather:	CCC Committee of		GGGG-GrandFather:
Any Additional Information below	Where:	Birth Date:	Birth Date: Where:	GGG-GrandFather: Birth Date:	Death Date:	GGGG-GrandMother:
		Where:	Death Date: Where:		Death Date.	GGGG-GrandFather:
	Any Additional Information below	When Married:	Any Additional Information	GGG-GrandMother: Birth Date:	Death Date:	GGGG-GrandMother:
		Death Date:		I S		GGGG-GrandFather:
	_	Where:	GG-GrandMother: Where:	GGG-GrandFather: Birth Date:	Death Date:	GGGG-GrandMother:
	, · · · · · · · · · · · · · · · · · ·	Any Additional Information below	Death Date: Where:	GGG-GrandMother:	-	GGGG-GrandMother:
		_	Any Additional Information	Birth Date:	Death Date:	GGGG-GrandPather: GGGG-GrandMother:
We understand app	licants may not	<u> </u>				
		G-GrandMother:	GG-GrandFather:	GGG-GrandFather:		GGGG-GrandFather:
be able to fill in o	every blank.	Birth Date:	Birth Date: Where: Death Date: Where:	Birth Date:	Death Date:	GGGG-GrandMother:
Please fill out as comp		Where:	Any Additional Information	GGG-GrandMother:		GGGG-GrandFather:
		When Married:			Death Date:	GGGG-GrandMother:
even if you have family a	<u>Iready enrolled with</u>	Death Date:Where:	GG-GrandMother:	GGG-GrandFather:	Dark Date	GGGG-GrandFather:
United Cherokee Ani-	-	Any Additional Information below	Birth Date: Where: Death Date: Where:	_	Death Date:	GGGG-GrandMother:
CHILL CHURCE TIME	I WILL THE THEOLOG	Any Additional Information below	Any Additional Information	GGG-GrandMother:	Dooth Doto:	GGGG-GrandFather:
				Birth Date:	Death Date:	GGGG-GrandMother: