



“Walking the Good Red Road Together”

This information is not required for enrollment.

Please list any disabled persons in your household.

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:

If you have never been associated with any other state tribe, sign line (1)

(1). I, _____, nor any of my children listed below have never been a member of any State Recognized Tribe.

If you have been associated with another state tribe, sign line (2) Please read line 2 carefully before signing.

(2). I, _____ and my family listed here are presently members of the _____
Tribe, an Alabama Recognized Tribe and upon acceptance for enrollment with the United Cherokee Ani-Yun-Wiya Nation
do hereby willingly abandon all other tribal enrollments.

PRINT NAME BELOW

I, _____, verify that the information on this form is true and correct to the best of my knowledge.

I understand that using false information may lead to removal from United Cherokee Ani-Yun-Wiya Nation.

By signing this application I DO AFFIRM all information contained herein to be truthful and correct.

Applicant’s Signature: _____ Date: _____

APPLICANT

NAME: _____ ADDRESS: _____ APT.# _____ LOT# _____

FirstMiddleMaidenLast

INDIAN COMMUNITY NAME IF ANY: _____

CityStateCountyZip Code

PHONE: HOME () _____ OFFICE () _____ SOCIAL SECURITY NUMBER: _____ DATE OF APPLICANTS BIRTH: _____
DATE OF APPLICANTS MARRIAGE: _____ NAME OF ALL PREVIOUS SPOUSES: _____
EMAIL ADDRESS: _____ FAX NUMBER: _____ APPLICANTS EMPLOYER: _____
DID YOU SERVE IN THE MILITARY: YES ___ NO ___ IF YOU DID SERVE IN THE MILITARY, PLEASE INDICATE WHICH BRANCH: _____
IF YOU WERE DEPLOYED TO SERVE DURING A WAR OR CONFLICT PLEASE INDICATE THEATER: _____
DO YOU HAVE FAMILY ENROLLED WITH UNITED CHEROKEE ANI-YUN-WIYA NATION? YES ___ NO ___ PLEASE GIVE NAME & ENROLLMENT # OF FAMILY MEMBER YOU ARE REFERENCING: _____

| Age is 18 or older | | APPLICANT, PLEASE FILL IN INFORMATION BELOW FOR LIVING CHILDREN. IF CHILD IS MARRIED OR IS 18 OR OLDER, HE OR SHE MUST SUBMIT A SEPARATE APPLICATION. | | | | | | | | | |
|--------------------|---|---|------------|-------------|-----------|------------|--|--------|-------|------------------------|-------------|
| Y | N | M/F | First Name | Middle Name | Last Name | Birth Date | Name and Address of School Child is Attending. | County | State | Social Security Number | Roll Number |
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SPOUSE-Please fill in information below if applicable.
NAME: _____
NAME OF TRIBE IF ANY: _____ DATE OF SPOUSE’S BIRTH: _____
SSN # _____ SPOUSES EMPLOYER: _____
DID YOU SERVE IN THE MILITARY: YES ___ NO ___ IF YOU DID SERVE IN THE MILITARY, PLEASE INDICATE WHICH BRANCH: _____
IF YOU WERE DEPLOYED TO SERVE DURING A WAR OR CONFLICT PLEASE INDICATE THEATER: _____

STEP-CHILDREN:
1. _____ / _____

FirstMiddleLastBirthday

2. _____ / _____

FirstMiddleLastBirthday

3. _____ / _____

FirstMiddleLastBirthday

FOR TRIBAL USE ONLY (DC)

ROLL NUMBER: _____

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 official roll. Direct descendency, by definition in this context, means that the person on the roll must have been your parent, grandparent or any generation of great-grandparent. There is no blood quantum requirement.

To establish your lineage, the following is required:

1). A completed application which includes all family charts beginning with the oldest living member of your family desiring enrollment and then going back to and including the direct ancestor whose name appears on a roll. (If the chart on the back of the application needs to be extended, attach additional sheets).

2). The name of the roll your ancestor’s name appears on, together with the exact spelling of their name as it appears on the roll and their roll number.

3). Documentation that proves the relationship between the Native American Indian blood members of each succeeding generation. This can be: birth certificates, marriage licenses, death certificates, document copies from pertinent records in the Native American Records groups from National or State Archives; certified copies from family bibles; text copies from published works which document Cherokee blood by name; and court records. In other words, ANY official document will be considered, however proof of the lineage must be established. In some cases, when documentation between some generations is not available, notarized affidavits from the oldest two members of your family will be considered. Please note that an affidavit has been provided at the bottom of this sheet for your convenience.

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 any application. Please note that your information may be shared with other members for communication purposes.

Who referred you to United Cherokee Ani-Yun-Wiya Nation?
Please supply Tribal Enrollment Number when referencing a Tribal Citizen.

Respectfully,
United Cherokee Ani-Yun-Wiya Nation
Enrollment Council

AFFIDAVIT IS OPTIONAL

(1). _____
(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 above is the (son, daughter) of

(Mother) _____

and (Father) _____, and is known as a Cherokee Indian by members of the community in which he/she resides.

Affiant (person applying for membership)

(applicant's signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

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ROLL RELATED: _____

ROLL NUMBER: _____

FAMILY MEMBER: _____

Father:

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

APPLICANT:

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

Mother:

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

GrandFather:

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

GrandMother

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

GrandFather:

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

GrandMother

Birth Date: _____
Where: _____
When Married: _____
Death Date: _____
Where: _____

Any Additional Information below

G-GrandFather: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandMother: _____
Birth Date: _____
Where: _____
When Married: _____

G-GrandFather: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandMother: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandFather: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandMother: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandFather: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

G-GrandMother: _____
Birth Date: _____
Where: _____
When Married: _____
Death Date: _____

**We understand applicants may not
be able to fill in every blank.**

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____

GG-GrandFather: _____
Birth Date: _____ Death Date _____
GG-GrandMother: _____
Birth date: _____ Death Date: _____