



Application No. _____
Enrollment Office Date _____

APPLICATION TO ENROLL A MINOR
Shinnecock Nation Tribal Enrollment & Vital Records Office
Church Street; PO Box 557, Southampton, NY 11969-0557
Office (631) 458-1240 / Fax (631) 204-9253
tribalenrollment@shinnecock.org

(Please type or print in ink)

Minor: Last Name First Middle

Date of Birth ____/____/____ Place of Birth: _____
Month Day Year

☐ Female ☐ Male Phone Number: _____ Social Security Number: _____

Residential Address (Number, Street, Route, Box) City County State Zip Code

Mailing Address (Number, Street, Route, Box) City County State Zip Code
(if different from residence)

Ancestor on 1900/1910 Federal Indian Census from whom applicant descends:

Name _____ Relationship _____

Is applicant adopted? ☐ Yes ☐ No If yes, is applicant of Shinnecock lineage? ☐ Yes ☐ No*

**Adopted child must be Shinnecock by natural (biological) descent to be considered for enrollment in the Shinnecock Nation. A separate lineage chart must be included indicating the natural lineage of the child.*

INDIVIDUAL HISTORY

Minor's Mother: _____
Last Name & Maiden Name Middle Name First Name DOB

Minor's Father: _____ Y / N
Last Name Middle Name First Name DOB (Married?)

Minor's Siblings:

1.	_____	DOB: _____	M / F
2.	_____	DOB: _____	M / F
3.	_____	DOB: _____	M / F
4.	_____	DOB: _____	M / F
5.	_____	DOB: _____	M / F
6.	_____	DOB: _____	M / F
7.	_____	DOB: _____	M / F
8.	_____	DOB: _____	M / F
9.	_____	DOB: _____	M / F

Application No. _____
Date Received _____

List full name, address and relationship of guardian filing on behalf of the minor:

Full Name: _____
Address: _____
Phone #: _____ Email _____
Relationship to Applicant: _____

Acknowledgment of Dual / Exclusive Enrollment

Is Applicant enrolled in any other Tribe? ☐ No ☐ Yes, (specify tribe): _____

I acknowledge that I am the parent or guardian of the above named minor who is under the age of 21, and whose name is to be included on the membership roll of the Shinnecock Nation, and that such minor is not enrolled with any other federally or non-federally recognized tribe, unless stated below.

Signature (Required)

Witness (print and sign name)

Affirmation of Truth

I attest that the information provided in this application is true and accurate. I understand that any falsification of this enrollment application may result in rejection or revocation of minor's citizenship with the Shinnecock Nation.

Signature (Required)

Dated

Witness (print and sign name)

Dated

Do not write below this line

Enrollment Office Action Date: ____/____/____

Checklist:

- | | |
|--|---|
| <input type="radio"/> Enrollment Application | <input type="radio"/> Family Tree / Parents Information |
| <input type="radio"/> Birth Certificate | <input type="radio"/> Marriage Record(s) (<i>if applicable</i>) |

☐ Approved Enrollment Number _____

☐ Rejected Reason: _____

Tribal Enrollment Director/Date

ENROLLMENT CERTIFIED:

Chairman, Bryan A. Polite / Date

Sachem, Donald Williams Jr. II /Date