



## THE SALYERSVILLE INDIAN COMMUNITY

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### Enrollment Application

To apply for membership with the Salyersville Indian Community you must complete an application packet. Please use a black or blue pen to complete this application. The packet includes:

- Membership Application – Each person applying for membership will need to complete this packet. All forms must be completed to the best of your knowledge.
- Pedigree Chart – You must provide the names, maiden names for females. Please do not put on file.
- Individual History Chart – To be completed by each applicant. Parent or guardian can complete for minor and must enter the name of the person preparing the form and the date it is prepared.

**The burden of proof is on the applicant. The applicant is required to provide all verification. We suggest a donation of a minimum of \$15.00 payable to the Salyersville Indian Community, INC, if the enrollment committee is to provide your documentation for you.**

Application is considered incomplete until all forms and documentation is received. Once your application has been processed, the Enrollment Office/Officer will approve or reject your application and you will be notified in writing.

A photocopy of the applicant's certified birth certificate, as issued by the state or county vital records office. This must be submitted with this application to meet requirements. Without it the application is considered incomplete.

#### **PRIVACY ACT STATEMENT**

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. The Salyersville Indian Community Inc. will not disclose any record containing such information without the written consent of the respondent unless the requested uses the information to perform assigned duties. The primary use of this information is to certify that an individual is eligible to become a carded member of the Salyersville Indian Community.

Tribal Roll Enrollment Application  
Salyersville Indian Community - Connie Barber  
106 Marie Street  
Huntington, WV 25704  
Phone: 304-633-2670  
Email: [enrollment@salyersvilleindiancommunityinc.org](mailto:enrollment@salyersvilleindiancommunityinc.org)

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male:  Female:

Email Address: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Secondary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Spouse's Name (if available) (include maiden name): \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Is the applicant adopted? Yes  No

If YES, please submit the Final Decree of Adoption. Or documents showing the lineage to one of the Core families.

Is the applicant a minor child? Yes  No

Note: Minor children are required to complete separate application for tribal enrollment, And must include the lineage chart.

Ancestor(s) by whom you claim to be a direct descendant of (please check all boxes that apply)

John Charles Cole & Cuzzie Anderson       Valentine Collins & Dicey Gibson

Bryson/Bryce Gibson & Fannie Green  Shepherd Collins & Polly Cole

Did any of your ancestors file an Eastern Cherokee Application?

Yes  No  Don't know

Names of those in your lineage who filed an Eastern Cherokee Application along with the Eastern Cherokee Application #, if available:

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Were any of the ancestors in your direct line named on an Indian Census?

Yes  No  Don't know

If so, please provide the name and the year(s) they were named on the Indian Census:

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Are you a member of any other State, Federal, or un-recognized tribe? Yes  No

If yes, please provide the name of the tribe(s) on the line below:

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**INDIVIDUAL HISTORY CHART** (To be completed by every applicant)

DATE OF BIRTH

Member's Name: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Name of Member's Wife/Husband: (If wife, give name before marriage)

\_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Names of Member's Children:

MALE/FEMALE

1. \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

continue on next page

Continue Names of Member's Children

MALE/FEMALE DATE OF BIRTH

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Name of Member's Father: \_\_\_\_\_

Name of Member's Mother: (Give name before marriage) \_\_\_\_\_

Names of Member's Brothers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Names of Member's Sisters:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

5. \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

6. \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

7. \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Name of person preparing this chart (print clearly)

Date prepared

## Six Generation Pedigree Chart

Date \_\_\_\_\_

Key

B - When Born  
 W - Where Born  
 D - When Died  
 W - Where Died  
 M - When Married  
 W - Where Married

4  
**Grandfather**  
 B  
 W  
 D  
 W  
 M  
 W

2  
**Father**

B  
 W  
 D  
 W  
 M  
 W

5  
**Grandmother**

B  
 W  
 D  
 W  
 M  
 W

1  
**Applicant**

B  
 W  
 D  
 W  
 M  
 W

6  
**Grandfather**

B  
 W  
 D  
 W  
 M  
 W

3  
**Mother**

B  
 W  
 D  
 W  
 M  
 W

7  
**Grandmother**

B  
 W  
 D  
 W  
 M  
 W

8

B  
 W  
 D  
 W  
 M  
 W

10

B  
 W  
 D  
 W  
 M  
 W

11

B  
 W  
 D  
 W  
 M  
 W

12

B  
 W  
 D  
 W  
 M  
 W

13

B  
 W  
 D  
 W  
 M  
 W

14

B  
 W  
 D  
 W  
 M  
 W

15

B  
 W  
 D  
 W  
 M  
 W

16

B  
 D

17

B  
 D

18

B  
 D

19

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I hereby certify and attest that the information & statements given for the purpose of enrollment into the Salyersville Indian Community are true and correct to the best of my knowledge. I further understand that providing false information to deliberately obtain Tribal membership can and will result in immediate rejection of the application, and immediate removal from Tribal membership if enrolled. By signing below, I also certify that I am not an enrolled citizen of any other Native American tribe, band or Nation. The Salyersville Indian Community reserves the right to accept or reject any applications without recourse of judgment from all members and non-members and or applicants. I authorize the use by Salyersville Indian Community in any capacities for the purpose of lineage of any documentation and information submitted with my membership application process.

Applicant (or) Parent/Guardian Signature

Date

Printed name of signature

Relationship

**Notary** State of \_\_\_\_\_ County of \_\_\_\_\_

The Forgoing instrument was acknowledged by \_\_\_\_\_

Before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

My commission expires \_\_\_\_\_

Acting in the county of \_\_\_\_\_

PLACE SEAL HERE

For Official Use Only

Birth Certificate: Yes  No

RECEIVED DATE: \_\_\_\_\_

BY MAIL  IN PERSON

SIGNATURE: \_\_\_\_\_

Dual enrollment: Yes  No

Date Approved/Disapproved by Enrollment Officer:

Comments/Remarks \_\_\_\_\_

\_\_\_\_\_

Validated by

Date

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Enrollment Officer's Signature

Date