



**Tribal Enrollment Application**

**Algonquian Indians of North Carolina, Inc.**

\_\_\_ **Roanoke-Hatteras Band**

\_\_\_ **Currituck Band**

PHOTO

**Answer all Questions:**

*If answer is not known, indicate "unknown".*

**Enclose the \$15.00 Annual Fee and attach a copy of your birth certificate and photo. Return completed application to:**

The Algonquian Indians of North Carolina, Inc.

C/o Mrs. Marilyn Berry Morrison

1205 Newport Avenue

Elizabeth City, NC 27909 Phone: 757-477-3589

Fax: 757-523-4027

**Do not write here**  
Enrollment Number \_\_\_\_\_  
Native American Name \_\_\_\_\_  
Meaning \_\_\_\_\_  
Date Received \_\_\_\_\_

**1. Name of Applicant** \_\_\_\_\_  
(Last) (First) (Middle)

(A) If you are a married woman, list maiden name \_\_\_\_\_

(B) If known by another name, list it \_\_\_\_\_

(C) Address: \_\_\_\_\_  
(Street or Rural Route No.) (Box#)

(City) (County) (State & Zip Code)

(D) Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
(Month, Day, Year) (Town, County, State)

(E) Phone Numbers: \_\_\_\_\_ Email \_\_\_\_\_

**2. Applicant's Father's Name** \_\_\_\_\_

(A) If remarried or known by another name, list \_\_\_\_\_

(B) Is/Was she enrolled with another Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_

(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_

(D) Father's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_

(E) Buried: \_\_\_\_\_  
Cemetery City, County, State, Country



3. Applicant's Mother's Name \_\_\_\_\_  
(A) If remarried or known by another name, list \_\_\_\_\_  
(A) Is/Was she enrolled with another Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_  
(D) Mother's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_

4. Applicant's Father's Father Name \_\_\_\_\_  
(A) If remarried or known by another name, list \_\_\_\_\_  
(B) Is/Was she enrolled with any other Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_  
(D) Father's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_  
(F) Mother's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(G) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_

5. Applicant's Father's Mother Name \_\_\_\_\_  
(C) If remarried or known by another name, list \_\_\_\_\_  
(D) Is/Was she enrolled with any other Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_  
(D) Father's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_  
(F) Mother's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(G) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_

6. Applicant's Mother's Father Name \_\_\_\_\_  
(A) If known by another name, list it \_\_\_\_\_  
(B) Is/Was he enrolled with another Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_  
(D) Father's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_  
(F) Mother's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(G) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_

7. Applicant's Mother's Mother Name \_\_\_\_\_  
(E) If remarried or known by another name, list \_\_\_\_\_  
(F) Is/Was she enrolled with any other Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) If so, state: Tribe \_\_\_\_\_ Card # \_\_\_\_\_ Place \_\_\_\_\_  
(D) Father's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_  
(F) Mother's: DOB: \_\_\_\_\_ Where \_\_\_\_\_ DOD \_\_\_\_\_ Where \_\_\_\_\_  
(E) Buried: \_\_\_\_\_  
Cemetery \_\_\_\_\_ City, County, State, Country \_\_\_\_\_



8. Residence in traditional Tribal Territories:

(A) Have you lived at some time during the period of 1900 to the present in the Hatteras-Currituck Indian Communities on Roanoke Island and on the mainland of Dare and Hyde Counties on the coast of North Carolina?

Yes \_\_\_\_\_ No \_\_\_\_\_

(B) If the answer is yes, list county of residence and address:

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

(C) If answer to (B) above is “No” give reason for living elsewhere:

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

9. Name, address, and relationship of person completing application on behalf of a minor or incompetent:

(A) Name:

\_\_\_\_\_

(B) Address:

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

(C) Relation to applicant:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Why I wish to affiliate with the Algonquian Indians of North Carolina? Insert an extra page if needed.