



Occaneechi Band of the Saponi Nation Tribal Enrollment Application

Tribal Enrollment Ordinance No. 2023.01

Section 1. Membership Criteria:

The membership of the Occaneechi Band of the Saponi Nation shall consist of:

- A.** The current membership of the Tribe and the natural-born children of tribal members.
- B.** All persons who meet all the following requirements shall qualify and be eligible to enroll as Tribal members:
 - (1). who can trace their lineage (as a direct lineal descendent)¹ to at least one of the rolls listed herein, that identifies Occaneechi Tribal families: the 1914 and 1936 records of the Martin’s Chapel Baptist Church, located at 5043 Martin’s Chapel Church Road, Mebane NC 27302, in Alamance County; and the 1924 records of Martin School. The church was an Occaneechi Indian Community Church. The Occaneechi are descendants of the Siouan communities historically found in the Virginia areas of what are now Brunswick and Greenville Counties and the adjacent sections of North Carolina who removed to what is known as the Texas Community located primarily in the North Carolina Counties of Alamance and adjoining sections of Caswell and Orange Counties.
 - (2). who have maintained contact with the Tribal Community, and
 - (3). who are at least 16 years of age, and
 - (4). who is not a member of another Federally Recognized Tribe or other non-Federally Recognized Tribe, and
 - (5). who apply for membership in the Tribe in accordance with the applicable enrollment ordinance.

Application Instructions

- **Print or type the application and family tree. If information is unknown, mark “unknown.”**
- **Applicants must submit a copy of their birth certificate and a passport-type photo.**

- Enclose a check or money order for \$75.00, to OBSN which is a non-refundable processing fee, and mail the application with the processing fee to OBSN PO Box 356 Mebane, NC 27302.
- If children are 16 or younger, their biological or legal custodial parent may submit their applications.
- Applications are processed monthly by the Membership Commission.
- All incomplete applications will be returned with a list of documentation required to complete the review.

This information pertains to the applicant. Please complete the family tree information in its entirety and to the best of your ability. Include names, maiden names, and dates of passing if known. If you do not know all the information, fill out as much as possible.

Section A: (You) Applicant Information

First Name _____ Middle _____ Maiden _____ Last Name _____

Date of Birth _____ (Age) _____ Male ___ Female ___

Place of Birth (City/State) _____

Mailing Address: _____

Phone Number: Home/Cell _____ Email: _____

Applicant’s Children: Please include DOB:

_____	_____
_____	_____
_____	_____

Section B: Enrollment Information

Mother’s Name/Maiden _____

Father’s Name: _____

Siblings: _____

Paternal Information (Father's side)

Your Father

Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if known) _____

Paternal Grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Paternal Great-Grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Paternal Great-great-grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Paternal Great-great-great-grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Paternal Grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if known) _____

Paternal Great-Grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Paternal Great-great-grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Paternal Great-great-great-grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Maternal (Your Mother)

Your Mother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if known) _____

Maternal Grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Maternal Great-Grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Maternal Great-great-grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Maternal Great-great-great-grandfather

Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if know): _____

Maternal Grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y__N__ Date (if known) _____

Maternal Great-Grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Maternal Great-great-grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Maternal Great-great-great-grandmother

Name: _____ Maiden Name: _____

Birth Date: _____

Location: _____

Deceased: Y_ N_ Date (if know): _____

Signature: _____ Date _____

Office Use only:

Received: _____ Payment: _____ Ck/Mo _____

Approved ___ Denied ___ Membership Commission Reviewers: ___ ___ ___ ___

Tribal Card Number ___ Application filed: _____ Filed by: ___ (Please Initial)

Entered Badgepass: Y ___ N ___ by: ___ (Please Initial)