



## 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)<sup>1</sup> 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, 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

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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: \_\_\_\_\_

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**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):** \_\_\_\_\_

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**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)