

SAINT REGIS MOHAWK TRIBAL MEMBERSHIP APPLICATION

Eligibility for enrollment will be determined upon completion of the Membership Application and meeting the 25% Akwesasne Mohawk Blood Quantum requirement and verification of ancestry from the Saint Regis Mohawk Tribe.

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS AN APPLICATION:

- AN ORIGINAL RECORD OF BIRTH SHOWING MOHAWK (FROM AKWESASNE) PARENTS' NAMES (CERTIFIED DOCUMENTS)
- PROOF OF NAME CHANGE(S) - MARRIAGE CERTIFICATE, DIVORCE DECREE, AMENDED BIRTH CERTIFICATE, ETC.
- BIOLOGICAL FAMILY TREE MUST BE COMPLETED IN FULL BEFORE APPLICATION IS ACCEPTED
- NON REFUNDABLE FEE OF \$20.00 US FUNDS. MONEY ORDERS CAN BE MADE OUT TO THE SAINT REGIS MOHAWK TRIBE.
- FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL RESULT IN AN INCOMPLETE APPLICATION

NAME: FIRST MIDDLE LAST

GENDER: M/F MARITAL STATUS: MAIDEN: CLAN:

PRIMARY PHONE: MOBILE PHONE:

MESSAGE PHONE: EMAIL ADDRESS:

MAILING ADDRESS:

COUNTRY ZIP CODE CITY STATE

STREET ADDRESS:

COUNTRY ZIP CODE CITY STATE

DATE OF BIRTH: BIRTH CITY: STATE/PROV:

COUNTRY: BIRTH LOCATION:

SOCIAL SECURITY #

ENROLLED WITH ANOTHER BAND/TRIBE? Y / N NAME OF BAND/TRIBE:

IF MARRIED, PLEASE PROVIDE SPOUSE'S NAME: D.O.B.:

CHILDREN: NAME: D.O.B.: GENDER: M/F

NAME: D.O.B.: GENDER: M/F

NAME: D.O.B.: GENDER: M/F

NAME OF PERSON COMPLETING APPLICATION:

RELATIONSHIP TO APPLICANT:

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Saint Regis Mohawk Tribal Clerk's Office
71 Margaret Terrance Memorial Way
Akwesasne NY 13655

OFFICE USE ONLY:

DATE RECEIVED: RECEIPT #:

**BIOLOGICAL  
FAMILY TREE**

**Great-Grandmother**

<b>Grandmother</b>	<b>Tribe:</b> Birth Date:
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<b>Tribe:</b> Birth Date:	<b>Great-Grandfather</b>
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<b>Mother</b>
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<b>Tribe</b>
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<b>Enrollment #</b>  <b>Birth Date:</b>
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<b>Brother &amp; Sisters:</b>
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<b>Tribe:</b> Birth Date:	<b>Great-Grandmother</b>
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<b>Grandfather</b>	<b>Tribe;</b> Birth date:
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<b>Tribe:</b> Birth Date:	<b>Great-Grandfather</b>
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<b>Tribe:</b> Birth Date:	<b>Tribe:</b> Birth Date:
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**Applicant**

**Tribe**

**Brother & Sisters:**

<b>Father</b>
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<b>Tribe</b>
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<b>Enrollment #</b>  <b>Birth Date:</b> <b>Brother &amp; Sisters:</b>
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<b>Father</b>
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<b>Tribe</b>
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<b>Enrollment #</b>  <b>Birth Date:</b> <b>Brother &amp; Sisters:</b>
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<b>Tribe</b>
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<b>Grandmother</b>	<b>Tribe</b> Birth Date:
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<b>Tribe:</b> Birth Date:	<b>Great-Grandfather</b>
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<b>Tribe</b> Birth Date:	<b>Tribe</b> Birth Date:
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<b>Grandfather</b>	<b>Tribe</b> Birth Date
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<b>Tribe:</b> Birth Date:	<b>Great-Grandfather</b>
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<b>Tribe</b>
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\* The Family Tree must be completed in full, **BIOLOGICALLY**, to prove Mohawk decedent. \*  
**Maiden names & dates of birth/death are also Helpful**