



Abenaki Nation of Missisquoi

***Your application will NOT be processed without these items:**

- Copy of Government Issued ID or driver's license
- A self-addressed stamped envelope

- A 2x2 inch photo
- \$20 processing fee

For Office Use Only:

Band Number Assigned: _____ Date of Approval: _____ Approved by: _____

***Please Allow 3 Months for processing.**

Tribal Card Application: New Renewal Replacement 15-18 years old

*One form must be processed for each member who is requesting citizenship.

*If spouse is Abenaki, please fill out a separate application.

Name: Last: _____ First: _____ Middle Initial: _____

Maiden Name: _____ Date of Birth: _____

Street Address: _____ Apartment/ Unit: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Gender: _____ Height: _____ Weight: _____ Eye Color: _____

Place of Birth: _____

Are you a registered member from any other tribe? (Circle One): YES NO

If yes, please list name of the tribe: _____

CHILDREN: Below, list your children (minor and adult). Your child may qualify for Title VII Indian Education Programs and/or scholarships.

May we share your child's Abenaki Status with the school? (Circle One): YES NO

Name	Date of Birth	School	City/State of residence
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

INSTRUCTIONS

On the flipside of this page, please identify which family member is Abenaki and provide the full name of your Abenaki ancestor you are claiming to be descended from. Genealogy must be proven by acceptable documentation that links you to a known Abenaki relative (such as a cousin, a great uncle or aunt, etc.). Some examples of documents are birth, death, or marriage certificates.

In the space below, please provide the full name of any Abenaki relative who currently has or had a card. Do not include your parents or grandparents that will be listed in the following section.

**If applicable, please include maiden name.*

Name: _____

Spouses Full Legal Name: _____

Please provide your parents' and grandparents' information below. *Please include any and all maiden names.*

Father's name: _____

Mother's name: _____

Date of birth: _____

Date of birth: _____

Place of birth: _____

Place of birth: _____

Father's Fathers name: _____

Mother's Fathers name: _____

Date of birth: _____

Date of birth: _____

Place of birth: _____

Place of birth: _____

Father's Mothers name: _____

Mother's Mothers name: _____

Date of birth: _____

Date of birth: _____

Place of birth: _____

Place of birth: _____

Affirmation Signature

By signing this form, I hereby affirm that the information I provided is true and accurate to the best of my knowledge. I understand that my citizenship will be denied or revoked if I am found to be registered with another tribe/band.

I am applying for citizenship in the Abenaki Nation of Missisquoi and I request that my name be placed on the tribal roles.

I agree to abide by the Great Law of Sovereign Abenaki Government. I understand that violation of these laws, rules and regulations may be grounds for reprimand or expulsion from the Abenaki Nation of Missisquoi.

Disclaimer and Signature

I certify that these answers are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

If you have any questions or concerns regarding your application, please contact our Tribal Office at (802) 868-2559.

**** Please remember to keep your application updated. If you have a change of address or name change, please reach out to us by emailing info@abenakination.com. This will ensure that our tribal roles continue to be up to date and accurate.**