

TRIBAL MEMBER RE-CERTIFICATION FORM

LEASE COMPLETE ALL HIGHLIGHTED SECTIONS, FAILURE TO COMPLETE THEM COULD DELAY YOUR RE-CERTIFICATION

Updating
Emergency Services
Energy Assistance
Education (CIB)
Housing

1. Please Print your Full Name on line below: Enrollment #:								
					Chart #:			
First Name Middle Name 2. Mailing Address on line belo		ame (Female	e)]	Last Name				
2. Wrannig Address on the belo	W.							
Address	Cit	,	State	e Zip	County			
3. Street Address (if different for	<mark>rom above) on line be</mark> l	<mark>low:</mark>						
Address	Cit	TV.	State	e Zip	County			
	Iead of Household:	6. Vetera		7. Marital Status:	County			
	☐ Yes ☐ No	☐ Ye	s 🗆 No	☐ Single ☐	☐ Married ☐ Di	vorced		
8. Date of Birth:	9. Social Securi	ty Number	: <mark>:</mark>]				
				□ Widowed □	☐ Separated ☐ Do	mestic Partner		
10. County/State of Birth:	11. Phone Num	<mark>bers:</mark>						
	Home: ()		, Cell/Other: (
12. Email Address:			13. Lumbee Tr	ribal Voting District		•		
			District #:		INIT:			
14. Name of Spouse(s): Beginn					_			
Current Spouse's name:								
Marriage Date:	County/State	e of Marriaș	ge:	Spouse'	's Date of Birth:			
Previous Spouse's name:					spouse Lumbee?	Yes No		
Marriage Date:	County/State	e of Marriaș	ge:	Spouse'	's Date of Birth:			
15. Child(ren): Please list all n				<mark>ir household.</mark>		If Equalled		
Adopted Name of Ch	ild <u>Date</u> <u>Birt</u>		County/ tate of Birth	Social Security #	Other Parent	If Enrolled, Enrollment #		
YES / NO								
YES /								
NO YES /								
NO								
YES / NO								
16. DECEASED MEMBERS:	If you have a deceased sp	ouse, parent	(s), child(ren), brot	her(s), sister(s), grandpa	arent(s), or grandchild(re	en) that you		
16. DECEASED MEMBERS: If you have a deceased spouse, parent(s), child(ren), brother(s), sister(s), grandparent(s), or grandchild(ren) that you think may have been enrolled, please inform the enrollment staff person assisting you.								
CONSENT AGREEMENT TO RE-CERTIFY MYSELF AND CHILDREN UNDER THE AGE OF 18								
I affirm that I, and minor children indicated, are not enrolled with any other tribe. I understand that any falsification of the Lumbee Tribal Re-								
certification Form may result in rejection or revocation of tribal membership with the Lumbee Tribe of North Carolina. I attest to the above with my signature on the line below.								
Applicant Signature Date								
Enrollment Representative Date								
_			E USE ONLY		- 11 12			
1	☐ Eligible ☐	In-eligible based on						
2.			.	Archived:	By:			
3		1 (0)31 2 (1	II 2 I DI21	4 – SC[2]				
4.				1 – CO[3] 2 – CF	H[2] 3 – LD[2]	4 - SC[2]		

LUMBEE TRIBAL VOTING DISTICT

As a member of the Lumbee Tribe, you are entitled to vote in tribal elections (adults 18+). If you live outside the tribal territory (Robeson, Scotland, Hoke, and Cumberland Counties) in NC, you must declare a voting district for purpose of tribal voting. The district you select is a permanent designation and should include the community where you or your ancestors grew up, or the community you consider "home" inside the territory. Select **one** district and **one** precinct from the list below with an **X.** If you are not sure of the district that you should select, please let a staff person know.

District 1:	GaddyRowlan	dOrrum	Sterlings	Whitehouse	_Thompson
District 2:	Back SwampF	airmontSn	nyrna		
District 3:	LumbertonWes	st Howellsville	District 4:	Red Springs	Philadelphus
District 5:	OxendinePros	pect	District 6:	Raft Swamp	North Pembroke
District 7:	South Pembroke	Union	District 8:	Burnt Swamp	
District 9:	Saddletree	District 10:	Shannon	RennertSout	h St. Pauls
District 11:	Hoke County	District 12:	Scotland County	Maxton	Alfordsville
District 13:	Cumberland County	Parkton _	Lumber Bridge	North St. Pauls	
District 14:	East Howellsville	Wisharts	_Britts		
·	tribal territory and have b At that point, it will chan		•		on, unless I move within

Additional Comments or Information, Please Provide below.