## Chitimacha Tribe of Louisiana TRIBAL MEMBER FORM

W.0.0.1			
For Office Use Or	ly		ID #:
Date Received by Enrollment:		Received & Entered by:	
Date Received by	Per Capita:	Received & Entered by:	
Full Name:	First Full Middle	Last M	laiden (Other Name)
Go		Date of Birth:/	
Ge		mm dd	уууу
Place of bi	rth:		
	City	State	Zip
HOH: 🗌 Yes	No Marital Status:	Single Married Separated	Divorced Widowed
If married, please p	provide your spouse's name:		
Home Phone #:		Mobile Phone #:	
Mobile Phone Prov	/ider: □ AT&T □ Sprint □ \	/erizon D Other:	
Physical Address:			Check here if Physica
	Street Address	Apartment/ Unit #	is the same as Mailing
	City	State Zip	
Mailing Address:	- ,	•	
	Mailing Address	Apartment/ Unit #	
	City	State Zip	
Parish/County:			□Yes □No
•	-	Eye color:	
Are y	ou registered to vote in the Chitim	nacha Tribal Elections?  Yes	No
Please list your de	nendents under the age of 18 of	which, reside in your household: (Trib	al Members ONLY)
-	-		
	DOB:		
	DOB:		
Full Name:	DOB:		
Full Name:	DOB:		

EMERGENCY CONTACT INFORMATION:				
Emergency Contact Name:	Relationship:			
Phone #:	E-Mail Address:			
Please select the department you want to receive communication from:				
Signature	Date			

E

Please provide a copy of your social security card and marriage license or your social security card and divorce decree for name changes. We cannot update your name in our records without the required documentation.