

South Eastern Ky. Saponi

PO BOX 962 MANCHESTER, KY. 40962
sekysaponi@gmail.com

APPLICATION FOR ENROLLMENT PACKET

Greetings and Thank You for Your
Interest;

We are happy that you have requested this packet. Thank you for taking the time to complete the enclosed application for membership in our Tribe.

The purpose and mission of South Eastern Ky. Saponi is to protect and enhance the quality of the lives of all our members.

To protect the culture and traditions of our Native Americans. To teach our young people the history of our families and the history of Native American peoples. To respect the burial sites of our ancestors that have gone before us and for the generations to come.

To confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth, we will stress the importance of Her continued survival. The Tribe will elect our own leaders and teach our children the importance of education and self-reliance. Also, we pledge to care for our elderly and our youth. We commit to assist and serve our communities and our Country.

Each Member is Protected Under the Following Acts:

- The American Indian Religious Freedom Act of 1978
- The Free Exercise Clause of the First Amendment
- The Free Exercise Clause of the 1968 Indian Civil Rights Act
- Treaty of 1701
- J Treaty
- United Nations Declaration on the rights of Indigenous peoples adopted by General Assembly Resolution 61/295 on 13 Sep 2007.

If you have any questions or need assistance, please contact us.

Sincerely,

Chief James Quietwolf Sizemore

Traditional Chief of South Eastern KY Saponi

INSTRUCTIONS TO APPLY FOR MEMBERSHIP

*****Please note – you *must submit a Pedigree or Family Tree and all supporting documents*, with your completed application.**

Thank you***

Applicant for membership in must be a citizen of The United States of America. Full Membership requires a Direct Lineage Pedigree to George All Sizemore 1750-1822. (Although recommended, Applicant does NOT need DNA test or results).

*DNA types of test; Y-DNA, mtDNA or Autosomal DNA. There is no required percentage of Native American blood, that needs to be reported from your genome DNA results.

REQUIRED AND ACCEPTABLE DOCUMENTS **Please send unedited copies, as they cannot be returned.**

- Birth, Death and Marriage Certificates
- State Issued Identification or Driver's License
- Family Bible Records
- Government Census Records
- U.S. Military Records
- Enrollment on Federally Recognized Indian Census or Rolls
- Clear and legible photograph of ancestor's burial marker

If you have questions regarding what qualifies as an "official" and acceptable document for proof of identity and lineage, please contact us at your earliest convenience.

Our Tribe does issue Identification cards – to every member. The cost is \$5.00 for the first ID and \$4.00 if update or replacement is needed (cost subject to fluctuate). You may choose to send the money with your application, along with a copy of a head/profile picture to place on your ID card. There are no other fees for membership nor monetary benefits to our members, at this time. We operate on donations – they are tax deductible and always appreciated. We look forward to the day when we will be able to extend betterment benefits to our members.

APPLICANT'S MEMBER ENROLLMENT FACTS AND INFORMATION

NAME _____
First Middle Last

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE _____
Cell Landline *Circle Preferred*

SPOUSE'S NAME _____ DATE OF BIRTH _____

APPLICANT'S PERSONAL CHARACTERISTICS

EYE COLOR _____ HAIR COLOR _____

HEIGHT _____ WEIGHT _____ DATE OF BIRTH _____

BIRTH LOCATION _____

Please attach copies of your State issued ID or Driver's License, Birth Certificate, Pedigree/Family Tree show DIRECT LINEAGE GEORGE with supporting documents for each ancestor/link.

The following sheets need to be completed, as part of your application. First are the level of membership choice circles, please mark ("X") one. Then continue to fill out all the information. This will document your current and ancestral lineage. Remember, you MUST be a direct descendent of George All Sizemore. Your application will be kept in our private files and remain confidential. **By signing and submitting your application to the tribe, you agree that the tribe may use your contact information, including name, address, e-mail address and telephone number for official tribal business purposes. You may receive newsletters, election information, committee information and other tribal Communications**

SOUTH EASTERN KY. SAPONI MEMBERSHIP STATUS: PLEASE
CHECK APPROPRIATE STATUS.

() FULL MEMBERSHIP

() ADOPTED MEMBERSHIP (SPOUSE, LEGALLY ADOPTED CHILDREN,
LEGALLY ADOPTED CHILDREN WILL REQUIRE BIRTH CERTIFICATES AND
COURT RECORDS APPROVING SUCH ADOPTION.

NAME _____
 First Middle Last

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE _____
 Cell Landline *Circle Preferred*

SPOUSE'S NAME _____ DATE OF BIRTH _____

NUMBER OF CHILDREN IN YOUR FAMILY, LESS THAN 18 YRS. OLD

MALE _____ FEMALE _____

Please list information of your Children living in your home, on following pages.

If you have a child that is 18 or older – they will need their own Application.

CHILDREN RESIDING WITH PRIMARY APPLICANT

Applicant's Name _____ DOB _____
 First MI Last

1. Name _____ First Middle Last
Date of Birth _____ City/State of Birth _____
Male _____ or Female _____ Age at time of Application _____ Bio-Child Y _____ N _____

2. Name _____ First Middle Last
Date of Birth _____ City/State of Birth _____
Male _____ or Female _____ Age at time of Application _____ Bio-Child Y _____ N _____

3. Name _____ First Middle Last
Date of Birth _____ City/State of Birth _____
Male _____ or Female _____ Age at time of Application _____ Bio-Child Y _____ N _____

CHILDREN LIVING WITH PRIMARY APPLICANT - Continued

4. Name _____			
First	Middle	Last	
Date of Birth _____		City/State of Birth _____	
Male _____	or Female _____	Age at time of Application _____	Bio-Child Y _____ N _____

5. Name _____			
First	Middle	Last	
Date of Birth _____		City/State of Birth _____	
Male _____	or Female _____	Age at time of Application _____	Bio-Child Y _____ N _____

6. Name _____			
First	Middle	Last	
Date of Birth _____		City/State of Birth _____	
Male _____	or Female _____	Age at time of Application _____	Bio-Child Y _____ N _____

7. Name _____			
First	Middle	Last	
Date of Birth _____		City/State of Birth _____	
Male _____	or Female _____	Age at time of Application _____	Bio-Child Y _____ N _____

Please list the names of your Ancestors on the following pages.

ANCESTORS OF PRIMARY APPLICANT

Applicant's Name _____ DOB _____
First MI Last

#1 I am the__Son OR I am the__Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

#2 Who was the_Son OR Who was the_Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

ANCESTORS OF PRIMARY APPLICANT -

Applicant's Name _____
 First MI Last

#3 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

#4 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

ANCESTORS OF PRIMARY APPLICANT -

Applicant's Name _____
 First MI Last

#5 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

#6 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

ANCESTORS OF PRIMARY APPLICANT -

Applicant's Name _____
 First MI Last

#7 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth ____ City, County, State of Mother's Birth _____

Date of Mother's Death ____ City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth ____ City, County, State of Father's Birth _____

Date of Father's Death ____ City, County, State of Father's Death _____

#8 Who was the_Son OR Who was the_Daughter – of

Mother _____
 First Middle Maiden

Date of Mother's Birth ____ City, County, State of Mother's Birth _____

Date of Mother's Death ____ City, County, State of Mother's Death _____

Father _____
 First Middle Surname/Last Name

Date of Father's Birth ____ City, County, State of Father's Birth _____

Date of Father's Death ____ City, County, State of Father's Death _____

ANCESTORS OF PRIMARY APPLICANT -

Applicant's Name _____
First MI Last

#9 Who was the_Son OR Who was the_Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death _____

#10 Who was the_Son OR Who was the_Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth____City, County, State of Mother's Birth _____

Date of Mother's Death____City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth____City, County, State of Father's Birth _____

Date of Father's Death____City, County, State of Father's Death Date

Do hereby relinquish my membership in the _____ Tribe of Indians. I wish to enroll as a member of SOUTH EASTERN KY. SAPONI with which I am eligible for membership. I am making this relinquishment statement voluntarily and understand that I will no longer be a member of the _____ Tribe of Indians.

I have read and hereby understand the contents of this Relinquishment Statement on this date:

_____ Day _____ Month _____ Year _____ Enrollee Initials

Signature - Use Your Full Birth Name Date of Birth

Subscribed and Sworn to me this _____ day of 20__

Notary Republic - Print Name

Notary Republic Signature

Seal -

My commission expires: _____

For SSKY SAPONI Office use only - By:
Received: _____ 20__

USE THIS PAGE FOR NOTES, COMMENTS, QUESTIONS OR

