



MOWA BAND OF CHOCTAW INDIANS

1080 W. Red Fox Road
Mt. Vernon, Alabama 36560
phone: (251) 829-5500 • fax: (251) 829-6328



TRIBAL MEMBERSHIP APPLICATION

Mandatory Checklist:

- _____ Copy of Driver's License or an Official Picture ID
- _____ Pedigree Chart
- _____ \$25 Application Fee (Check or Money Order ONLY)
- _____ Copy of Birth Certificate

Optional if Needed:

- _____ Additional Documentation of Bloodline if Needed (Example: Court Records, Affidavits, DNA/Blood Test, School Records)

APPLICANT INFORMATION



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NAME: _____ D.O.B. _____
LAST FIRST MI (Maiden) XX-XX-XXXX

ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

PARENT INFORMATION

FATHER'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX

Father's Place of Birth: _____ Father's TRIBAL ROLL # _____

MOTHER'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX

Mother's Place of Birth: _____ Mother's TRIBAL ROLL # _____

SPOUSAL INFORMATION

NAME: _____ D.O.B. _____
LAST FIRST MI (Maiden) XX-XX-XXXX

ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHONE NUMBER: _____ TRIBAL ROLL #: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widow ___ Legally Separated

BIOLOGICAL CHILDREN'S INFORMATION

CHILD'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX



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Child's Place of Birth: _____ Child's TRIBAL ROLL # _____

CHILD'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX

Child's Place of Birth: _____ Child's TRIBAL ROLL # _____

CHILD'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX

Child's Place of Birth: _____ Child's TRIBAL ROLL # _____

CHILD'S NAME: _____ D.O.B. _____
LAST FIRST MI XX-XX-XXXX

Child's Place of Birth: _____ Child's TRIBAL ROLL # _____

Are you an enrolled member of ANY federally recognized tribe, village, or corporation? () YES () NO

MY SIGNATURE TO THIS CERTIFICATE ATTEST THAT THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE TO HEREBY APPLY FOR MEMBERSHIP IN THE MOWA BAND OF CHOCTAW INDIANS.

Signature

Date

FOR OFFICE USE ONLY:

Blood Quantum Percentage: _____

TRIBAL ROLL NUMBER: _____

APPROVED BY: _____

APPROVAL DATE: _____

TRIBAL ROLL COMMITTEE MEMBER ONLY

XX-XX-XXXX

PEDIGREE CHART

Applicant's Name: _____

Father's Name:
Tribal Roll #:
D.O.B.

Mother's Name:
Tribal Roll#
D.O.B.



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Siblings:

Name: _____ DOB: _____ ROLL NUMBER: _____
(Last Name First Name MI)

Name: _____ DOB: _____ ROLL NUMBER: _____
(Last Name First Name MI)

Name: _____ DOB: _____ ROLL NUMBER: _____
(Last Name First Name MI)

Name: _____ DOB: _____ ROLL NUMBER: _____
(Last Name First Name MI)

Name: _____ DOB: _____ ROLL NUMBER: _____
(Last Name First Name MI)

ANCESTOR CHART

Address _____

City _____ State _____ ZIP _____

Date _____

DOB Date of Birth
 PB Place of Birth
 M Date of Marriage
 D Date of Death
 PD Place of Death

DOB
 PB
 M
 PD

