

Application for Citizenship and Indian Status

Abenaki Nation of Missisquoi

100 Grand Ave.

Swanton, VT 05488

Date of Approval: _____ **By:** _____ **ID:** _____ **Band #** _____

Name: _____

First Middle Last Maiden

Sex: _____ **HT:** _____ **WT:** _____ **Eyes:** _____ **Email:** _____

Address: _____ **Date of Birth:** _____

_____ **Place of Birth:** _____

_____ **Phone ()** _____

Spouse Name: _____

First Middle Last Maiden

Date of Birth: _____ **Place of Birth:** _____

CHILDREN

First Name	Middle Int.	Last Name	Date of Birth	Place of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheet if necessary)

Certification: I certify that the information given on this document is true to the best of my knowledge and belief. I am applying for citizenship in the Abenaki Nation of Missisquoi and I request that my name be placed on its list. I agree to supply Tribal Council with any documents they require to determine my eligibility for Citizenship.

Signed _____ **Date** _____

Subordination: I agree to abide by the Great Law of the Sovereign Abenaki Nation of Missisquoi and the rules, regulations and policies of the 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.

Family Genealogy

Instructions: Identify which family members is Abenaki. Return any information you may have to prove the were (are) Abenaki. Please fill out to the best of your knowledge as this is important!

DOB=Date of Birth POB=Place of Birth DOD= Date of Death POD= Place of Death

Father's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Mother's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Father's Father's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Father's Mother's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Mother's Father's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Mother's Mother's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Father's Father's Father's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Father's Father's Mother Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Father's Mother's Father Name: _____ DOB _____ POB _____ DOD _____ POD _____

Father's Mother's Mother Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Mother's Father's, Father's Name: _____ DOB _____ POB _____ DOD _____ POD _____

Mother's Father's, Mother Name: _____ DOB _____ POB _____ DOD _____ POD _____

Maiden

Additional supportive information that you feel may be helpful in determining your lineage and eligibility for enfranchisement. Attach additional sheet if necessary. Indicate Indian Ancestry include family oral history.

Remember to submit a photo with your application along with a copy of a Government issued ID.

****Due to rapidly rising operating costs and the lack of grant funding during this trying time, we must implement a \$10 fee for the processing of applications and issuance of Tribal cards. This money will go directly into Tribal funds for supplies such as ink and card stock, and these funds are non-refundable. **Please make checks payable to:** Maquam Bay of Missisquoi