



# PETITION FOR ENROLLMENT INTO YAMASSEE NATION

Mail all completed applications to P.O. Box 693 , Allendale, SC 29810

**Tribal Membership is available to individuals who meet the following membership eligibility requirements:**

Person(s) who is a direct lineal descendant of a member whose name appears on the base roll of the Yamassee, Seminole, Miccosukee, Muscogee Creek, Caddoo ( Ouchita) Miller or Dawes (*including Wilson Warriors of Seminole*) • Such person who is of Native American descent and is at least eighteen (18) years of age and who is not an enrolled member of any tribe, band or community, or if such person is a member of another tribe, band or community and has relinquished their membership from that tribe, band or community in which they were enrolled can be adopted if not fully accepted subsequent to approval by Tribal Council (Non Voting). The following documentation is required and must be submitted with the application: **Ancestor Chart/Family Tree and Certificate of Indian Blood card if leaving a Federal Tribe. Copy of Birth Certificate redacted Copy of Social Security Card with last 4 of SSN. Copy of Adoption Decree (if person(s) being enrolled is/are adopted) and Copy of Membership Relinquishment (if applicant was enrolled into another tribe.)** Minors of enrolled tribal members are automatically approved if not submitted at the time of birth . (Application must be signed by Parent or legal Guardian). Children will need separate application if over the age of 13. **Applicant must submit Cashier Check or Postal Money order in the amount of \$90 along with 2 passport photos to accompany this Petition . Notice: (1) The burden of proof is the responsibility of the applicant. The Tribal enrollment department will make every effort to verify all documents submitted before making a decision on submission to council for final approval.**

**TYPE OR PRINT**

(Petitioner Registrant's) <b>FULL NAME AT BIRTH</b>	FIRST	MIDDLE	LAST	SUFFIX
If name was changed <b>LEGALLY</b> since birth, indicate new name	FIRST	MIDDLE	LAST	SUFFIX
<b>Place in which you were born</b>	STATE	CITY	COUNTY (REQUIRED)	BIRTH FILE NUMBER
<b>DATE OF BIRTH</b>	MM/DD/YYYY		AGE/	SEX
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST	MIDDLE	LAST(MADIEN)	SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX

**IMPORTANT YOU MUST INCLUDE THE LAST 4 OF SSN FOR VERIFICATION OF IDENTITY**

Please Include the last four of your Social Security XXX-XX-\_\_\_\_\_

**PLEASE LIST THE NUMBER OF CHILDREN BORN TO YOU**

**Amount of Children**

<p>(NOTE) Please do not include Adopted children Children over the age of 13 but under the age of 18 will require a separate fee of \$10 if your petition is approved</p>					

**Over the age of 13**

Please include within money order	\$10.00	X		=	\$
<b>If married Please list Full Name of Spouse:</b>					

State Government ID/ DL #				

**PLEASE LIST NAME OF ANCESTOR YOUR CLAIMING ANCESTRY:**

TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
STATE RELATIONSHIP TO ENROLLEE	RELATIONSHIP:			
THEIR TRIBAL AFFILIATION	<b>(NOTE PLEASE MAKE SURE TO PROVIDE PROOF OF RELATIONSHIP : DEATH RECORD, BIRTH RECORDS / OBITUARY</b>			
ANY HISTORY OF MENTAL ILLNESS YES / NO	ARE YOU A VETERAN YES / NO	BRANCH	COPY OF DD-214 YES / NO	

Check here if you have any pending Child Welfare or Court Cases  
If Checked Please list circumstances

(Please note Possible Enrollment or acceptance into the Tribe will not constitute nor validate tribal involvement in any pending cases against you. Nor will it be used to determine eligibility.

Do you have any Physical Disabilities?  (Check Box if answer is yes)  
Please describe: \_\_\_\_\_

Have you been arrested or convicted for child abuse or molestation  (Check box if answer is yes)  
Are you a registered Sex Offender  (Check box if answer is yes)  
List Jurisdiction: \_\_\_\_\_

What are your expectations by Joining the Yamassee Tribe?

Occupation/Special Skills/ Hobbies:

Under penalty of perjury, and the laws and traditions of the Yamassee Nation , This certifies that this request was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I know that false or misleading information may result in disqualification . I authorize The Yamassee Nation to make whatever investigation it deems necessary for the security of its land & residents living on Tribal held property. If accepted, I submit my self and or children to the Jurisdiction of the Yamassee Nation as my Tribal government and any and all ordinances or laws, when visiting any land held by trust or Statute to the Yamassee Nation. I now affix my signature to the petition herein,

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ENROLLEE SIGNATURE AND ADDRESS SHOULD BE LISTED IN SPACE BELOW				
SHIP TO Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ( )	SHIP TO STREET ADDRESS (AND APT.)			

WORK PHONE NUMBER (       )	CITY	STATE	ZIP CODE
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Email for Communication: \_\_\_\_\_

**\*\*\*For Notary Public's Use Only\*\*\***

Subscribed and sworn to and before me, a Notary Public in and for County of

..... ,

State of ..... , on this ..... day of .....

In the year of .....

(Signed) .....

(.....)

Notary Public Printed Name Shown Above

My commission expires on: .....

My Address

is: .....

.....

Phone Number : ( ..... ) .....

Mail a Completed application with all required Documentation and postal money order to address listed below:  
 Yamassee Indian Tribe  
 c/o Yamassee Enrollment  
**P.O. Box 693**  
**Allendale, SC 29810**

List the all Children information Living or Deceased.

1. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
2. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
3. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
4. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
5. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
6. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
7. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
8. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
9. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_
10. Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

If you are a dependent or relative of a Living enrolled Yamassee citizen, please list their information:

**List the name of the Enrolled Yamassee family member in which you are claiming Enrollment Status below:**

Name of Yamassee \_\_\_\_\_ RR# \_\_\_\_\_ D.O.B. \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Has this application met all requirements as listed to go before the Tribal council

\_\_\_\_ YES \_\_\_\_ NO

IF No please list Reason for Rejection:

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Signature of Official \_\_\_\_\_ RR# \_\_\_\_\_