



Yvmvsē (Yamassee Indian Tribe)

P.O. BOX #693
Allendale, South Carolina [29810]

Enrollment Department

(803)702-1715

Application for Enrollment Membership

PLEASE READ ALL INSTRUCTIONS BEFORE BEGINNING

INSTRUCTIONS FOR THE APPLICATION FOR ENROLLMENT

Remember to include the following documents with the application:

*****Please print in BLACK ink and complete ALL information.*****

1. Send a Copy of , Not the Original State Certified Birth Certificate with parents' names on it. We will not accept Birth Certificate cards, Hospital cards, Souvenir Birth cards, etc... Both Parent's names must be on the birth certificate to use.
 2. Copy of Social Security Card (**Must be Provided for Validation**)
 3. A Copy of your State Driver license, State ID (**Must be Provided**)
 4. Two (2) Passport Photo's
 5. If one of the parents is from another tribe, we need a "Certified Blood Degree" and or Certified Enrollment Document on that parent from that Tribe (Tribal Id cards are accepted).
 6. **Make sure you have signed and dated the Release of Information section.** Make sure you have a complete **current address listed (NO P.O. BOXES will be accepted)** in case there are any questions and also for us to send your acceptance/denial letter. If we cannot contact you, your application will not be processed until we receive all required documentation. All documents must be legible or the application will not be processed.
 7. You must be 18 years of age or older to complete this application.
 8. If the applicant is adopted or the applicant is enrolling adopted children, please indicate so.
 9. Applicant that is enrolling children under the age of 18 must indicate **(Application must be signed by Parent or legal Guardian).**
Children will need separate application
- Processing fee for children only \$25 under the age of 14
10. If your Yamassee/ Seminole / Miccosuki enrolled ancestor DIED after 1999, submit A CERTIFIED COPY OF THE ORIGINAL STATE CERTIFIED DEATH CERTIFICATE. This is needed to assist us in our review.
 11. Should further information be needed to complete the application(s), we will contact you for specific documents.
 12. Should we be unable to issue you Tribal Citizenship, a letter of Denial will be sent to you via USPS mail. An Appeals Process will accompany the letter, should you not agree with our findings/decision.



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2 POSTAL MONEY ORDERS IN THE AMOUNT OF \$45 EACH MUST ACCOMPANY THE PETITION TOTALING \$90

A Sworn Affidavit must be signed and Notarized , however this does not ensure enrollment without Genealogy in tact and verifiable :

Tribal blood line listed below:

Creek, Muscogee, Caddoo (Ouchita), Miccosuki, Seminole, Tawasa, Cherokee, Seminole Freedman, John Horse Band, Yuchi, Gullah, Guale, Taino, Arawak this includes those ancestors shipped to Carribeans

The Tribal Roll of names will be used for verification of Genealogy:

RESEARCH REFERRAL:

If you need help with your research, please use Familysearch.org, Fold3 or you can access the "DAWES ROLLS" or " Miller Rolls" for assistance

Notice: (1) The burden of proof is the responsibility of the applicant.

PETITION DOCUMENT CHECKLIST

Signed Enrollment Petition for each enrollee

State Certified full image Birth Certificate signed by State Registrar (for each person as appropriate)

Copy front and back of Social Security Card for each enrollee

Copy of government identification

Two color passport quality photos for each enrollee

GENEALOGY CHART

*******NON U.S. CITIZENS Applying NOTE*******

All Documents below must be submitted if you are not a US Citizen, / or do not have a Visa.

1. Birth Documents Certified from the Country of Origin.
2. Certified Photo ID
3. Family Tree (Lineage)
4. **A Signed Statement acknowledging possible enrollment into the Yamassee Nation is not A U.S. Citizenship or VISA, Nor will it be used as one.**



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NAME	AGE
(LEGAL FULL BIRTH NAME INCLUDING MIDDLE NAME)	
(OTHER NAMES BY WHICH YOU ARE KNOWN)	
CURRENT HOME ADDRESS	
STREET	CITY/STATE/ZIP
MAILING ADDRESS	
STREET	CITY/STATE/ZIP
HOME PHONE _____	WORK _____
MOBILE _____	
EMAIL ADDRESS: _____	

SSA# _____ GOV'T ID# _____
 TYPE _____ STATE _____

MARITAL STATUS _____ SINGLE _____ MARRIED _____ DIVORCED

NUMBER OF CHILDREN _____ *****NOTE BELOW*****
 (A separate application is required for each child and must accompany this Petition)

DATE OF BIRTH	<----- MONTH /DAY /YEAR	
PLACE OF BIRTH		
CITY	/COUNTY/	STATE

PHYSICAL DESCRIPTION FEMALE / MALE _____
GENDER HEIGHT WEIGHT

HAIR _____ EYES _____

NAME OF WIFE/HUSBAND _____

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? _____ YES _____ NO

NAME OF TRIBE _____



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IF YOU ARE A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE, HAVE YOU RECEIVED BENEFITS IN LAND OR MONEY BY VIRTUE OF SUCH ENROLLMENT? ____ YES ____ NO

HAVE YOU EVER BEEN ARRESTED? YES / NO
(IF YES, BRIEFLY EXPLAIN CIRCUMSTANCES)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO
(IF YES, BRIEFLY EXPLAIN CIRCUMSTANCES)

HAVE YOU EVER BEEN CONVICTED OF A DUI? YES / NO
(IF YES, BRIEFLY EXPLAIN CIRCUMSTANCES)

HAVE YOU EVER BEEN ARRESTED FOR CHILD MOLESTATION? YES / NO ¹
(IF YES, BRIEFLY EXPLAIN CIRCUMSTANCES)

ARE YOU A REGISTERED SEX OFFENDER? ____ YES ____ NO
LIST JURISDICTION _____

DESCRIBE PHYSICAL DISABILITIES AND/OR MENTAL DISABILITIES

HAVE YOU EVER BEEN TREATED FOR A MENTAL CONDITION OR HOSPITALIZED AS A RESULT OF YOUR MENTAL CONDITION? YES / NO

ARE YOU A VETERAN? IF YES, ATTACH A COPY OF YOUR DD-214.

(Circle One) ACTIVE / RESERVE DUTY

What expectations do you have in becoming a citizen of the Yamassee Nation?



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Please Explain what your Hobbies are, Talents and Special Field of training has Been?

What area(s) of service to the Nation are you most interested in offering your skills, talent or expertise?

Tell us how would you Promote Our Cultural Education, Heritage & Way of Life!



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Under penalty of perjury, and the laws 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 Tribally 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. I now affix my signature to the documents herein, with EXPLICIT RESERVATION OF ALL MY UNALIENABLE RIGHTS, WITHOUT PREJUDICE to any of those rights.

Seal X _____ **Date** _____

*****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

My commission expires on:

My Address is:

Phone Number : (... ..)

Please Mail Application and all documents to:

Yamassee Indian Tribe

c/o Yamassee Enrollment Department

P.O. BOX # 693

Allendale, South Carolina (29810)

Please go and register with the OFFICIAL central website:

<http://www.yamasseenation.org>



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For Office use only

Date application received:

Please Submit a **Postal Money order only for \$10** for Genealogy processing separate from

POSTAL MONEY ORDER IN THE AMOUNT OF $45 \times 2 = \$90$ WHICH MUST ACCOMPANY
THIS PETITION

NO FORM OF **UCC CODE OR SOVEREIGN DOCUMENTS WILL BE ACCEPTED** AND IMMEDIATE DENIAL WILL BE ISSUED. THE USE OF ALL INFORMATION REQUESTED IS SOLELY FOR THE PURPOSE OF IDENTITY VERIFICATION, PLUS VALIDATION OF THE PERSON REQUESTING ENROLLMENT AND WILL NOT BE USED FOR ANY OTHER REASON. YOU MAY BE REQUIRED TO ATTEND A TRIBAL COUNCIL MEETING DURING THE ACCEPTANCE OR DENIAL PROCEDURES.



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PLEASE USE THE BACKSIDE OF FORM IF NEEDED

Date: _____

PO Box, Street or Rural Route, Town and ZIP code

Is applicant adopted? Yes _____ No _____

If answer is yes, list Natural Parents. See instructions in case of adoptions.

Please follow Indian bloodlines only

Please use maiden and married names on all females

Applicants Name

Date of Birth

Place of Birth

Social Security Number

Telephone Number

CDIB () YES () NO
Paternal Grandfather:

Tribe: _____
Roll Number: _____
Date of Birth: _____
Date of Death: _____

Paternal Great-Grandfather:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

Paternal Great-Grandmother:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

Paternal Great-Grandfather:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

Paternal Great-Grandmother:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

CDIB () YES () NO

Father:

Tribe: _____
Roll Number: _____
Date of Birth: _____
Date of Death: _____

CDIB () YES () NO

Paternal Grandmother:

Tribe: _____
Roll Number: _____
Date of Birth: _____
Date of Death: _____

CDIB () YES () NO

Mother:

Tribe: _____
Roll Number: _____
Date of Birth: _____
Date of Death: _____

CDIB () YES () NO

Maternal Grandfather:

Tribe: _____
Roll Number: _____
Date of Birth: _____
Date of Death: _____

Maternal Great-Grandfather:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

Maternal Great-Grandmother:

Tribe and Roll Number _____
Date of Birth: _____ Death: _____

Please answer the following question:

Has a Certificate of Degree of Indian Blood (CDIB) previously been issued by this office or the Muskogee Area Office?
Yes _____ No _____

X

Signature of applicant, or parent or guardian of minor:

All Lineage Applications must be Signed & filled out Completely for Verification of Applicant.



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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 dependant or relative of an enrolled Yamassee citizen, please list their information:

Please 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:

Signature of Official _____ RR# _____