THE SENECA NATION OF INDIANS

12837 Route 438
Cattaraugus Territory
Seneca Nation
Irving 14081
Phone (716) 532-4900
Fax (716) 532-9132

PRESIDENT
Maurice John, Sr.
TREASURER
Todd Gates
CLERK
Pauline John

90 Ohi:yo' Way, PO Box 231
Allegany Territory
Seneca Nation
Salamanca 14779
Phone (716) 945-1790
Fax (716) 945-0150

SENECA NATION MEMBERSHIP ENROLLMENT PROCEDURE

The Enrollment application packet must be completed with the required signatures.

- **APPLICATION FOR SENECA ENROLLMENT**: This form must be fully complete and signed by a biological parent/guardian of the applicant.
- **AUTHORIZATION FOR RELEASE OF INFORMATION**: This form must be completed only if the applicant, the applicant's mother, or the applicant's father is enrolled or eligible for enrollment with another tribe other than the Seneca Nation of Indians.
- **GENEALOGY APPLICATION GRAPH**: This form must be completed to the best of your knowledge.
- **ACKNOWLEDGEMENT OF MATERNITY**: This form must be fully complete and signed by the biological mother of the applicant and the actual ATTENDANT at the birth of the applicant.
- **ORIGINAL CERTIFICATE OF LIVE BIRTH (Recommended)**: The original is issued by the hospital at birth. This original form will be returned to the applicant.
- **ORIGINAL BIRTH CERTIFICATE**: The State mails you this within four to six weeks after birth. This document has the name, signature and license number of the attendant at the bottom. This original will be returned to the applicant.
- **ORIGINAL SOCIAL SECURITY CARD (Recommended)**: Processing time varies by State. The original document will be returned to the applicant.
- **ANNUAL REGISTRATION APPLICATION FORM**: This form must be completed at any of the offices listed below. If not completing in person, fill out completely and have the form notarized.

All required documents must be originals when submitting application.
Partial or incomplete applications will be returned to you for completion.

Please mail or bring your completed ENROLLMENT APPLICATION TO ANY LOCATION:

SNI Clerk's Office: 90 Ohi:yo' Way, P.O. Box 231, Salamanca, NY 14779
SNI Clerk's Office: 12837 Route 438, Irving, NY 14081
SNI Buffalo Office: 135 Delaware Ave., Suite 300, Buffalo, NY 14202

Any questions may be directed to the Tribal Enrollment Officer at (716) 945-1790 Ext. 3035.

SENECA NATION OF INDIANS

APPLICATION FOR TRIBAL ENROLLMENT

ENROLLMENT NO. _____

This document will become a permanent record of the Seneca Nation. Please answer questions legibly.

APPLICANT

Applicant's Full Name: _____ (Print Clearly)

Place of Birth: _____ (City) (State) (Zip)

Full name of Hospital or Institution: _____

Date of Birth: _____/_____/_____ (Month) (Day) (Year) Male: _____ Female: _____ S.S.N.#: _____/_____/_____

MOTHER

Mother's Full Name: _____ Date of Birth: _____/_____/_____

Other names known by: _____

Mailing Address: _____ (Street, RFD, Box No.)

_____ (City) (State) (Zip) (Phone Number)

Residence: Allegany Territory: _____ Cattaraugus Territory: _____ Other: _____

Is biological mother enrolled member of the Seneca Nation: Y: _____ N: _____ Enrollment Number: _____

Clan: _____ Is Mother enrolled with another tribe: Y: _____ N: _____

If yes, Address and Phone Number of Tribe: _____

How many other children are still living: _____ Enrolled with the Seneca Nation: _____

Have they been enrolled with another Tribe? Y: _____ N: _____ Name of Tribe: _____

If yes, Address and Phone Number of Tribe: _____

FATHER

Father's Name: _____ Date of Birth: _____/_____/_____

Residence: Allegany Territory: _____ Cattaraugus Territory: _____ Other: _____

Mailing Address: _____

Clan: _____ Is Father enrolled member of Seneca Nation: Y: _____ N: _____

Is Father enrolled with another Tribe: Y: _____ N: _____ Tribal Roll No.: _____ Name of Tribe: _____

If yes, Address and Phone Number of Tribe: _____

If none of the above, what nationality (race): _____

Please attach ORIGINAL State Issued Birth Certificate or a Certified Copy

DOCUMENTATION

Application is to be completed by parent or legal guardian. Documentation must be provided if not biological parent. Thoroughly complete all questions on this application to avoid any delay in the process. If the father is a registered member of another Tribe, a Release of Information form must be completed by him. This form must be Notarized and returned with this application along with enrollment verification from that Tribe.

ACKNOWLEDGMENT: I certify that the information in support of this application is true and accurate to the best of my knowledge. I understand that providing false information may result in ineligibility. I authorize the verification of any or all of the information listed above. I also understand, in accordance with the SNI Enrollment Ordinance, no person may be **dually** enrolled as a member of the Seneca Nation and another Indian nation.

_____ _____

Applicant Name (Print) Date

_____

Applicant Signature

Received by: _____ Date: _____/_____/_____ Approved Tribal Council Session: _____/_____/_____

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AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete only if the applicant, mother or father is enrolled or eligible for enrollment with a tribe/nation/band or other indigenous group other than the Seneca Nation of Indians.

CR: R-06-11-05-7
The Codified Law of the Seneca Nation of Indians for Enrollment Eligibility:
No person shall be eligible for enrollment as a member of any other tribe/nation/band or other indigenous people's group which has

A. Received federal recognition by the United States Government; or
B. Otherwise received recognition by a state government with the United States or Canada;
C. Otherwise been acknowledged by the Seneca Nation of Indians as a tribe/nation/band or other indigenous group whether or not such tribe/nation/band or other indigenous group has received any "recognized" status from any State, United States or by the provisional or Federal governments in Canada and/or elsewhere.

I,_____, hereby authorize the _____ tribe/nation/band or other indigenous group, to release verification of my enrollment status to the Seneca Nation Clerks' Office.

Signature: _____ Date: _____

Notary

STATE OF
COUNTY OF

On this _____ day of _____, 20___, before me personally appeared _____. To me known to be the same person described in and who executed the above, he/she duly acknowledge to me that he/she executed the same.

_____
Notary Public

****

Name of certifying official: (Print) _____

I, certify that, _____Tribe, Enrollment # _____

Signature:_____Date: _____

Title: _____Office Phone:_____

GENEALOGY APPLICATION GRAPH

Please complete this form to the best of your ability and submit with your enrollment packet

LEGEND
DOB: Date of Birth
POB: Place of Birth
DOD: Date of Death
TRIBE: If Enrolled
**Must be an Enrolled Member of the Seneca Nation of Indians

Applicant/Self:
Maiden Name/AKA
DOB:
POB:
Tribe:

Siblings:

Applicant's Address:

Mother**
Maiden:
DOB:
POB:
DOD:
Tribe:

Father:
AKA:
DOB:
POB:
DOD:
Tribe:

Grandmother**:
Maiden:
DOB:
POB:
DOD:
Tribe:

Grandfather:
AKA:
DOB:
POB:
DOD:
Tribe:

Grandmother:
Maiden:
DOB:
POB:
DOD:
Tribe:

Grandfather:
AKA:
DOB:
POB:
DOD:
Tribe:

Gr. Grandmother**	Gr. Grandfather
Maiden:	AKA:
DOB:	DOB:
POB:	POB:
DOD:	DOD:
Tribe:	Tribe:

Gr. Grandmother	Gr. Grandfather
Maiden:	AKA:
DOB:	DOB:
POB:	POB:
DOD:	DOD:
Tribe:	Tribe:

Gr. Grandmother:	Gr. Grandfather
Maiden:	AKA:
DOB:	DOB:
POB:	POB:
DOD:	DOD:
Tribe:	Tribe:

Gr. Grandmother:	Gr. Grandfather
Maiden:	AKA:
DOB:	DOB:
POB:	POB:
DOD:	DOD:
Tribe:	Tribe:

Revised 11/27/13

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ACKNOWLEDGEMENT OF MATERNITY

Print child's full name as it now appears on the birth certificate:

FIRST: _____ M: _____ LAST: _____

****

ACKNOWLEDGMENT OF MATERNITY: (Please Print)

I, _____, SNI Roll #_____, born on _____, hereby acknowledge that I gave birth to a male/female (circle one) child named above on_____day of _____, 20 ____ at _____ Hospital, in the City of _____, State of_____.

Signature: _____ Date: _____

NOTARY PUBLIC:

State of)
County of)

On this _____ day of_____, 20_____, before me, the subscriber, personally appeared to me personally known and known to me the same person described in and who executed the within instrument and he/she acknowledged to me that he/she executed the same.

_____
Notary Public

****

ACKNOWLEDGMENT OF ATTENDANT:

I, certify that the above stated information concerning _____ is true to the best of
(Biological Mother's Name)
my knowledge and belief, and that I delivered said child to the above name biological mother.

_____ _____ _____
Attendant's Name (Please Print) Title License #

_____ _____
Attendant's Office Address Attendant's Office Phone Number

_____ _____
Attendant's Signature Date

Revised 03/2015

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ANNUAL REGISTRATION FOR MINOR

You must register on a yearly basis. Mail-in Registrations will be accepted only once in a two-year span.
If Mail-In Registration: This form MUST be notarized. Then please send to one of the addresses listed above.

Seneca Enrollment #:_____

Section 1: To be completed by the Parent/Legal Custodian of minor child. (Please print)

First Name _____ M.I. _____ Last Name _____ Suffix _____

Date of Birth _____ Sex ☐M ☐F Phone _____

Name of Parent(s)/Legal Custodian(s) with whom child resides:

Name _____ Relationship _____

Name _____ Relationship _____

Mailing Address

_____
_____
_____

Physical Address (Where child resides, if different than mailing)

_____
_____
_____

The section below must be signed in front of a notary ONLY IF this is a Mail-In Registration.

I, do hereby, certify that by completing and signing this form, I state that I am the parent/legal custodian of the above named enrolled member of the Seneca Nation of Indians; that all the information I have provided above is true and accurate. I understand that members must register with the Seneca Nation on a yearly basis prior to the last business day of December and that I am allowed to register the above named minor by mail once every two years.

Parent/Legal Custodian Signature: _____ Date: _____

Print name Parent/Legal Custodian _____

NOTARY PUBLIC

Section 2: To be completed by the Minor's healthcare professional or educational institution personnel.

I, _____, certify that the information concerning the
Name of Staff Member

minor, _____, is true to the best of my knowledge and
Name of Minor

belief and is the same as on record at, _____
Name of Facility

as of _____ where the child has received healthcare/educational services.

Signature of certifying official _____ Date_____

Title _____ Phone _____

Physical Address of Facility:

_____

_____

_____

Mailing Address of Facility:

_____

_____

_____

For Office Use Only: ☐ Address Confirmed w/Roll Book Received: ☐ In-Person ☐ By Mail

Facility: ☐ SAAB ☐ WSB ☐ Buffalo Office ☐ Other: _____

Comments: _____ Staff Initials: _____ Date: _____

Date Entered into Database: _____ Initials: _____ Registration Year: _____