



# THE SENECA NATION OF INDIANS

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

## ANNUAL REGISTRATION FOR ADULT

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. Please send to one of the addresses listed above.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Enrollment #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Clan: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Territory of Residence: (Check one)      Allegany      Cattaraugus      Off-Territory

Veteran: (Check one)    YES    NO    Status:    Active    Reserves    Discharged    Retired

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

### 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 an enrolled member of the Seneca Nation of Indians; that all the information I have provided above is true and accurate. I understand that I 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 by mail once every two years.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC**

**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: \_\_\_\_\_