SENeca Nation Membership Enrollment Application and Documentation Requirements

All required documents and signatures must be originals when submitting application. Original identifying documents will be returned. Partial or incomplete applications will be returned to you for completion. Any questions may be directed to the Tribal Enrollment Office at (716) 945-1790.

FORMS:

APPLICATION FOR SENeca Enrollment (Required)

ACKNOWLEDGEMENT OF MATERNITY (Required): The biological mother will need a notary public available before officially signing this form.

ACKNOWLEDGEMENT OF BIRTH (Required): This form must be completed by the attending doctor/nurse/midwife.

GENEALogy APPLICATION GRAPH (recommended): Complete to the best of your ability.

AUTHORIZATION FOR RELEASE OF INFORMATION (may be required): See form for details.

ANNUAL MINOR REGISTRATION APPLICATION FORM (recommended): Registration is required to receive disbursements. See form for details.

DOCUMENTATION:

ORIGINAL STATE ISSUED CERTIFICATE OF LIVE BIRTH (Required): It is recommended that if you have other original birth documents that you bring them so that a copy can be kept on file.

ORIGINAL SOCIAL SECURITY CARD (Recommended)

OTHER:

Applicant must appear before Council in Regular Session prior to final enrollment approval (required):

- If applicant is a minor a parent/legal guardian is responsible to contact the enrollment office to schedule the council date which they will be attending.
- If applicant is an adult they are responsible for contacting the enrollment office to schedule the council date which they will be attending.

Please mail / bring your completed packet and documentation to one of the following:

- SNI Clerk’s Office: 90 Oh’yo’ Way, P.O. Box 231, Salamanca, NY 14779
- SNI Clerk’s Office: 12837 Route 438, Irving, NY 14081
- SNI Buffalo Office: 533 Amherst St. (Rear), Buffalo, NY 14207

Revised 06/2020
SENECA NATION OF INDIANS
APPLICATION FOR TRIBAL ENROLLMENT

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: _______/_______/______ Male: ☐ Female: ☐ S.S.N. #: _______/_______/______

(Month) (Day) (Year)

Mother’s Full Name: ________________________________ Date of Birth: _______/_______/______

Other names known by: ________________________________

Mailing Address: ________________________________________

(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

Applicant’s Full Name: ________________________________ (Print Clearly)

Place of Birth: ________________________________________

(City) (State) (Zip)

Full name of Hospital or Institution: ________________________________

Date of Birth: _______/_______/______ Male: ☐ Female: ☐ S.S.N. #: _______/_______/______

(Month) (Day) (Year)

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*

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: _______/_______/______
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.

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: ___________________________

Revised 06/2020
## Genealogy Application Graph

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

<table>
<thead>
<tr>
<th>LEGEND</th>
<th>Grandmother**</th>
<th>Gr. Grandmother**</th>
<th>Gr. Grandfather</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: Date of Birth</td>
<td>Maiden:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POB: Place of Birth</td>
<td>AKA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOD: Date of Death</td>
<td>DOB:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIBE: If Enrolled</td>
<td>POB:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** Must be an Enrolled Member of the Seneca Nation of Indians</td>
<td>DOD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tribe:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Applicant/Self:

<table>
<thead>
<tr>
<th>Maiden Name/AKA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>POB:</td>
</tr>
<tr>
<td>Tribe:</td>
</tr>
</tbody>
</table>

### Siblings:

- 
- 
- 
- 
- 

### Applicant's Address:

________________________

________________________

Revised 11/27/13
ACKNOWLEDGMENT OF MATERNITY

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

FIRST: ___________________________ M: ___________________________ LAST: ___________________________

(Please Print)

I, ___________________________, Seneca Membership # ___________________________, born on ___________________________, hereby acknowledge that I gave birth to a male female child named-above on the ___________________________ day of ___________________________, 20___ at ___________________________. Hospital, in the City of ___________________________, State of ___________________________.

Signature: ___________________________ Date: ___________________________

§ § NOTARY PUBLIC § §

State of ) On this _____ day of ___________________________, 20___
County of ) before me, the subscriber, personally appeared to me known and
know to me as the same person described in and who executed the within instrument and he/she acknowledged to me that he/she executed the same.

________________________________________
Notary Signature

Revised 06/2020
ACKNOWLEDGMENT OF BIRTH

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

FIRST: ________________________ M: ________________________ LAST: ________________________

(Check One)       Male       Female

Child’s Date of Birth: ________________________

Name of Facility/Hospital: ________________________

Address: ________________________

State: ________________________ County: ________________________ Zip: ________________________

I, certify that, I delivered said child to ________________________ and that the above-stated

(Biological Mother’s Name)

Information is true to the best of my knowledge and belief.

Attendant’s Information:

Name (Print): ________________________ Title: ________________________ License #: ________________________

Office Address: ________________________

Office Phone: ________________________

Signature: ________________________ Date: ________________________

Revised 06/2020
SENeca NATION CLERK’S OFFICE
Mailing Address: P.O. Box 231
Salamanca, NY 14779-0231
Telephone: (716) 945-1790 or (716) 532-4900

ANNUAL MINOR REGISTRATION

Seneca Nation members must satisfy the Registration requirement, pursuant to Nation law, each calendar year. Acceptable documentation for minors: A current original letter from a health or educational entity that includes the child’s name, date of birth, current address and name of Parent/Guardian. To be completed by the Parent/Primary Legal Custodian of Minor Child.

Child’s First Name: ___________________ M.I.: ______ Last Name: _______________________

Enrollment #: __________________________ Clan: _____________ Date of Birth: ______________

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

Name: __________________________________ Relationship: _________________________________

Name: __________________________________ Relationship: _________________________________

Mailing Address: ______________________________ _______ Physical Address: _____________________________

_______________________________ ______________________________

(If you have moved to a different address, this form does not constitute as an address change.)

I, do hereby, declare that I am the natural parent and/or primary legal custodian, verified by court document, of minor child name above and that the information I have provided is true and accurate.

Parent/Legal Custodian (Print name): ______________________________________________________

Signature: ___________________________ Date: __________________________

(If you are mailing in this Registration, it must be notarized)

Contact #: __________________________________ Email: ________________________________

(Clerk’s Office Use Only): □ Address Confirmed w/Roll Book How Received: □ In-Person □ By Mail
Facility: □ SAAB □ WSB □ Buffalo Office □ Other: _____________________________

Comments: __________________________________________ Staf Initials: __________ Date: __________

Date Entered into Database: __________________________ Initials: ____________________ Registration Year: __________

CN: R-03-12-16-06

EXECUTIVES PRESENT: PRESIDENT - MAURICE A. JOHN
CLERK - PAULINE JOHN
TREASURER - TODD L. GATES

Clerk's Office

TO APPROVE ENROLLMENT ORDINANCE / AMENDMENT

Motion: by Shelley Huff, seconded by Linda Doxtatour, that Council approves the following resolution:

WHEREAS, the Council adopted a codification of the previously unwritten custom relating to Seneca Nation membership, known as the Enrollment Ordinance, on February 9, 1974; and

WHEREAS, the Council, from time to time, may act to amend the Enrollment Ordinance as deemed necessary. i.e. August 14, 2004, Council acted to deny eligibility for enrollment if an applicant is already an enrolled member of any tribe, nation, band or other indigenous people's group with a "recognized" status from outside entities; and

WHEREAS, the Council has determined that further amendment is now prudent and wishes to make an amendment to the existing Enrollment Ordinance; and

NOW, THEREFORE, BE IT RESOLVED, that the Enrollment Ordinance be amended as follows, and that this amendment be effective immediately upon adoption by the Seneca Nation Council:

a) Any minor applicant for whom the required enrollment application and documentation has been submitted to become a member of the Seneca Nation of Indians shall appear before the Council in Regular Session, along with a parent or legal guardian, to be presented to the Council and the Seneca public, prior to final enrollment approval.
b) Any adult applicant who has submitted the required enrollment application and documentation to become a member of the Seneca Nation of Indians, shall appear before the Council in Regular Session to be presented to the Council and the Seneca public, to request enrollment approval.

ALL IN FAVOR MOTION CARRIED

CERTIFICATION

I hereby certify the foregoing extract is a true and correct copy from the minutes of the Regular Session of Council of the Seneca Nation of Indians held on March 12, 2016 on the Allegany Territory, original of which is on file in the Clerk's Office of the Seneca Nation of Indians.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the seal to be affixed at the Seneca Allegany Administration Building, on the Allegany Territory, on the 15th day of March, 2016.

ATTEST:

[Signature]
PAULINE JOHN, CLERK
SENeca NATION OF INDIANS
AT THE REGULAR SESSION OF COUNCIL OF THE
SENeca NATION OF INDIANS HELD ON
JANUARY 14, 2017 AT THE SENECA ALLEGANY
ADMINISTRATION BUILDING ON THE
ALLEGANY TERRITORY SALAMANCA, NEW
YORK, 14779.

CN: R-01-14-17-06

EXECUTIVES PRESENT:

PRESENcT : TODD GATES
CLERK : LENITH WATERMAN
TREASURER : MAURICE JOHN, SR.

CLERK’S OFFICE

TO APPROVE AMENDMENT TO THE ENROLLMENT ORDINANCE

MOTION: by Timothy Waterman, seconded by Michael Williams, that Council approves the following resolution:

WHEREAS, there is a need to amend the Nation’s Enrollment Ordinance to clarify that a person is eligible to be enrolled if the person’s mother is a member of the Nation, or if the mother was a member at the time of a person’s birth, and

WHEREAS, an amended Enrollment Ordinance is attached hereto at Exhibit A; and

NOW, THEREFORE, BE IT RESOLVED, that the Nation’s Council hereby approves the attached amended Enrollment Ordinance.

ALL IN FAVOR 

MOTION CARRIED

CERTIFICATION

I hereby certify the foregoing extract is a true and correct copy from the minutes of the Regular Session of Council of the Seneca Nation of Indians held on January 14, 2017 on the Allegany Territory, original of which is on file in the Clerk’s Office of the Seneca Nation of Indians.
TO APPROVE AMENDMENT TO THE ENROLLMENT ORDINANCE
REGULAR SESSION OF COUNCIL
JANUARY 14, 2017
PAGE 2

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the seal to be affixed at the
Seneca Allegany Administration Building, on the Allegany Territory, on the 17th day of January, 2017.

ATTEST:

[Signature]
Lemiti K. Waterman, Clerk
Seneca Nation of Indians

{Seal}
ENROLLMENT ORDINANCE
(As amended, January 14th 2017)

WHEREAS, the Seneca Nation for generations has enrolled persons as members of the Nation who satisfy various requirements established pursuant to Nation custom; and

WHEREAS, the Seneca Nation consistently has maintained its Nation membership roll in accordance with such requirements, which roll has been accepted by the Secretary of the Interior; and

WHEREAS, in the past, annuities have been distributed and per capita payments made by the Seneca Nation on the basis of the then current Nation membership roll; and

WHEREAS, in connection with the distribution of Indian Claims Commission judgments, it is desirable to codify the heretofore unwritten Nation custom relating to the maintenance of the Nation membership roll.

NOW, THEREFORE BE IT RESOLVED, that enrollment in the Seneca Nation, as it has in the past, henceforth shall be governed by the following rules:

1. In conformity with the Nation custom of matrilineal descent, only a person whose mother is herself a member of the Seneca Nation, or a person whose mother was a member of the Seneca Nation at the time of his or her birth, shall be eligible to enroll.

2. Eligibility to enroll shall not be conditioned on any blood quantum requirement nor upon reservation residence.

3. No person shall be eligible for enrollment as a member of the Seneca Nation of Indians if that person is already an enrolled member of any tribe, nation, band or other indigenous peoples group which has:
   a. Received federal recognition by the United States Government, or
   b. Otherwise received recognized by a state government within the United States, or other indigenous group whether or not such tribe, band, nation or other indigenous group has received any “recognized” status from any State, the United States, or by the provincial or federal governments in Canada, or elsewhere.

4. Any person who has withdrawn from the Seneca Nation roll will not be eligible to re-enroll.

5. Unless otherwise authorized by the Council of the Seneca Nation, eligibility to share in benefits distributed to members of the Nation shall be based upon the date a person enrolls as a member of the Nation, and not as of date of birth.

6. The burden of enrolling as a member of the Seneca Nation rests solely upon those persons who, on the basis of Nation custom, are eligible to become members of the Nation, or their parents or guardians, and the Seneca Nation has no obligation to seek out and enroll such person.

7. For the purposes of certainty and uniformity, the base roll of membership in the Seneca Nation shall be the roll used on August 31, 1964 for the per capita distribution, as corrected and supplemented to date of this ordinance.