

Application for Citizenship and Indian Status
SOVEREIGN REPUBLIC OF THE ABENAKI NATION OF MISSISQUOI

DATE OF APPROVAL: ___/___/___ BY: _____ ID: _____ BAND# _____

**ABENAKI NATION OF MISSISQUOI
100 GRAND AVENUE
SWANTON, VT 05488**

NAME: _____
(FIRST) (INT.) (LAST) (MAIDEN)

SEX: _____ HT: ___' ___" WT: _____ EYES: _____ EMAIL _____

ADDRESS: _____ DATE OF BIRTH: ___/___/___
_____ PLACE OF BIRTH: _____
_____ PHONE: (____)-____-____

SPOUSE NAME: _____
(FIRST) (INT.) (LAST) (MAIDEN)

DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____

CHILDREN

(FIRST)	MIDDLE (INT)	(LAST NAME)	DATE OF BIRTH	PLACE OF BIRTH	BAND#
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

CERTIFICATION: I certify that the information given on this document is true to the best of my knowledge and belief. I am applying for citizenship in the Sovereign Republic of the Abenaki Nation of Missisquoi and I request that my name be placed on its list. I agree to supply the Tribal Council with any documents they require to determine my eligibility for citizenship.

SIGNED _____ DATE _____

SUBORDINATION: I agree to abide by the Great Law of the Sovereign Republic of the Abenaki Nation of Missisquoi and the rules, regulations and policies of the Sovereign Abenaki Government. I understand that violation of these laws, rules, and policies of regulations may be grounds for reprimand or expulsion from the Sovereign Abenaki Nation of Missisquoi.

SIGNED _____ DATE _____

FAMILY GENEALOGY

Instructions: Identify which family member(s) is ABENAKI. Return any information you may have to prove they were ABENAKI. Please this is very important for you.

DOB= Date of Birth POB= Place of Birth DOD= Date of Death POD = Place of Death

Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Fathers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Fathers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Mothers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Mothers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Fathers', Fathers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Fathers', Fathers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Fathers', Mothers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Fathers', Mothers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Mothers', Fathers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Mothers', Fathers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Mothers', Mothers', Fathers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
Mothers', Mothers', Mothers'	DOB _____	POB _____	
Name: _____	DOD _____	POD _____	
(Maiden)			

Additional supportive information that you feel may be helpful in determining you decadency and eligibility for enfranchisement. (Attach additional sheet if necessary. Indicate Indian Ancestry, include family oral history.