

CONTROL # _____

PONCA TRIBE of NEBRASKA
ENROLLMENT DEPARTMENT

PO Box 288
Niobrara, NE 68760

Phone: 402-857-3391
FAX: 402-857-3771

Application for Enrollment

Applicant's Full Name: _____

Indian, Maiden or other name by which known: _____

P.O. Box: _____

Physical Address (Required): _____ Email: _____

City, State, Zip Code: _____ County: _____

Phone Number: (Required) () _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Are you single, married, divorced, widowed

Are you a Veteran yes no **OR** currently serving in the Armed Forces? yes no

Are you presently or have you ever been enrolled with another Tribe? yes no

If yes, which Tribe: _____
(Please attach relinquishment documentation from previous Tribe. Dual enrollment is not allowed)

Is either parent enrolled with another Tribe, other than Ponca? yes no

If yes, which parent and with what Tribe? _____

FATHER'S NAME _____ MOTHER'S NAME _____

GRANDFATHER _____ GRANDFATHER _____

GRANDMOTHER _____ GRANDMOTHER _____

Is applicant an adopted child? yes no (If yes, please submit adoption documentation)

******* APPLICANTS STATE CERTIFIED BIRTH CERTIFICATE AND A COPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH APPLICATION FORM*******

*****Please sign and date on back...**

CERTIFICATION

By my signature below, I certify under penalty of perjury that the information I provided on and in connection with this application for enrollment, including all attached and included documents, is true and correct to the best of my knowledge.

I understand that any false statements, fraudulent information, forged documents, or intentional or knowing omissions on or included with this application or that I make or provide in relation to my application or request for enrollment:

- may subject me to legal actions for fraudulent misrepresentation, perjury, and/or lying under oath; and
- may be grounds for dis-enrollment and removal of my name from the membership roll pursuant to Ponca Tribe of Nebraska Code §§ 10-5-5 and 10-6-5.

I also understand and agree that if I am dis-enrolled as a result of false statements, misrepresentation, forged documents, or other fraudulent action for which I am responsible or by intentional or knowing misrepresentation or omission of facts, the Tribe shall have the right to recover all benefits associated with enrollment paid or otherwise provided to me while enrolled, including for health care, general welfare or other payments, and other governmental services, pursuant to Ponca Tribe of Nebraska Code § 10-6-9. I irrevocably consent to the jurisdiction of the Tribal Court of the Ponca Tribe of Nebraska for any such action. The receipt of such benefits as a result of fraudulent or false enrollment may also constitute theft from an Indian tribe and subject to federal prosecution under 18 U.S.C. § 1163.

Date Signed

Applicant

OR

Signature of Custodial Parent/Guardian/Sponsor

Ponca Tribe Of Nebraska

Family Tree Chart for:

