

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

NAMES OF MEMBER'S CHILDREN: (indicate whether child is male or female)
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAME OF MEMBER'S FATHER: _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

NAMES OF MEMBER'S BROTHERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAMES OF MEMBER'S SISTERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

(Name of person preparing this chart if not a member of the group) (Date prepared)

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 2 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor require, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer - Indian Affairs, 1849 C Street, NW, M5-1161, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment - including your personal identifying information - may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

MEMBERSHIP ROLL OF _____

AS OF _____

(name of group)

(month, day, year)

Name and Address	Sex	Birth Date	Birth Place	Tribe	Names of parents		Birth Date	Birth Place
					Fa.	Mo.		
					Fa.			
					Mo.			
					Fa.			
					Mo.			
					Fa.			
					Mo.			
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					Fa.			
					Mo.			
					Fa.			
					Mo.			
					Fa.			
					Mo.			

ABBREVIATIONS: Fa. = Father; Mo. = Mother

Payee Work Reduction Act Statement: This information is collected to meet the requirements for acknowledgment set out in 25 CFR 82. The information is supplied by a respondent to obtain a benefit. Federal agency agreement as an Indian tribe is estimated that responding to the request will take an average of 38 hours to complete for a membership of 1,000 individuals. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request our sponsor and a person to assist answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer, Indian Affairs, 1825 C Street, NW, MS-4141, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at the Indian Affairs website during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comments, you should be aware that your comments will be made publicly available if you do not make publicly available a written request for removal of the information. The number and expiration date are at the top right corner of the form.