

First Name _____ Middle: _____ Last Name: _____ Date _____

CHAPPIQUIDDIC TRIBE FIRST PEOPLE OF CHAPPAQUIDDICK, MARTHAS VINEYARD, MASSACHUSETT

ENROLLMENT APPLICATION

You must show that you are a direct descendant from an individual of Chappaquiddick ethnicity listed on one of the following Massachusetts Census Reports: **1861 EARLE REPORT** or **1849 BRIGGS REPORT**

<http://www.chappiquiddic.org/index.html>



PLEASE MAKE SURE YOU ENCLOSE COPIES OF THE FOLLOWING:

- **Certified Birth Certificates** (Yours and one for each ancestor) and, if necessary,
- **Marriage Certificates or Death Certificates;**

To demonstrate the connection to your parent, grandparent great-grandparent, etc. to an individual of Chappaquiddick ethnicity listed on either Earle or Briggs Report.

You may be requested to demonstrate the connection of your current name to your birth name.

If other members of your family are officially registered, birth certificates for some ancestors may NOT need to be submitted with your application, if the are already on file. Contact the Tribal Office to verify what you need to submit.

Please print clearly:

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Your First Name	_____
Middle Name	_____
Last Name	_____
Maiden Name	_____
Current Phone #	_____
Mobile #	_____
Email Address:	_____
Current Address	_____
	City: _____ State: _____
	County _____ Country _____
Mailing Address	_____
	City: _____ State: _____
	County _____ Country _____
Name of your ancestor on Massachusetts Indian Census:	_____

Attach a photograph or send a digital photo to:

Mail Documents to:

Chappiquiddic Tribe
P.O. Box 3931
Pocasset, MA. 02559

***Please include a self addressed stamped envelope (NOTE: TRIBAL CARDS WILL BE PROCESSED QUARTERLY)**

First Name _____ Middle: _____ Last Name: _____ Date _____

Ancestor listed on the Earle, 1861 Report or Briggs Report, 1849:	If listed on both reports, just list Earle Report.
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IMPORTANT

Please list name of your parent, grandparent etc. to show your lineage to that ancestor on the Earle Report or Briggs Report.

Your Parent:

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FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to applicant: <i>(For example, my mother)</i>			

Your Grandparent:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor: <i>(For example, my maternal grandmother)</i>			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor: <i>(For example, mother of previous ancestor)</i>			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

The information provided in this application is accurate to the best of my knowledge:

Clearly Print your full name: _____

Signature : _____ ***Date*** _____

Attach a photograph or send a digital photo to:

Mail Documents to:

Chappiquiddic Tribe
P.O. Box 3931
Pocasset, MA. 02559

****Please include a self addressed stamped envelope (NOTE: TRIBAL CARDS WILL BE PROCESSED QUARTERLY)***

First Name _____ Middle: _____ Last Name: _____ Date _____

Next Ancestor:

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FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to previous ancestor:			

The information provided in this application is accurate to the best of my knowledge:

Clearly Print your full name: _____

Signature: _____ ***Date*** _____

APPLICATION TO REGISTER YOUR CHILDREN 18 AND UNDER

Attach a photograph or send a digital photo to:

Mail Documents to:

Chappiquiddic Tribe
P.O. Box 3931
Pocasset, MA. 02559

****Please include a self addressed stamped envelope (NOTE: TRIBAL CARDS WILL BE PROCESSED QUARTERLY)***

First Name _____ Middle: _____ Last Name: _____ Date _____

If you are also registering your children using this application, provide birth certificates demonstrating lineage to you. Parents are allowed to enroll children under the age of 18 using this application.

Next Ancestor: *****Membership cards will be available for children 18 years and older.** **Page 4 of 4**

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		BIRTHDATE AND AGE	
Relationship to you: (For example, my son)			
(ENTER IF DIFFERENT FROM THE PRIMARY APPLICANT):			
ADDRESS: _____		County: _____	Country _____
CURRENT PHONE #: _____		CELL PHONE #: _____	
EMAIL: _____		OTHER CONTACT information: _____	

Next Ancestor:

FIRST NAME:		MIDDLE NAME:	
LAST NAME:		MAIDEN NAME:	
Relationship to you:			
(ENTER IF DIFFERENT FROM THE PRIMARY APPLICANT):			
ADDRESS: _____		County: _____	Country _____
CURRENT PHONE #: _____		CELL PHONE #: _____	
EMAIL: _____		OTHER CONTACT information: _____	

Next Ancestor:

First Name:		Middle Name:	
Last Name:		Maiden Name:	
Relationship to you:			
(ENTER IF DIFFERENT FROM THE PRIMARY APPLICANT):			
ADDRESS: _____		County: _____	Country _____
CURRENT PHONE #: _____		CELL PHONE #: _____	
EMAIL: _____		OTHER CONTACT information: _____	

"The information provided in this application is accurate to the best of my knowledge:

Clearly Print Childs full name: _____

Signature (parent sign for child if under 18) : _____ ***Date.*** _____

Attach a photograph or send a digital photo to:

Mail Documents to: Chappiquiddic Tribe
P.O. Box 3931
Pocasset, MA. 02559

****Please include a self addressed stamped envelope (NOTE: TRIBAL CARDS WILL BE PROCESSED QUARTERLY)***