Father Tribe Date of Birth County/State Date of Death County/State		GGrandmother Tribe DOBirthCounty/State DODeathCounty/State
	Grandmother Tribe Date of Birth	DOBirthCounty/State DODeathCounty/State
	County/State Date of Death County/State	Tribe
Applicant Tribe Date of Birth County/State	Grandfather	GGrandfather TribeCounty/State
	Tribe Date of Birth County/State	GGrandmother
Mother		Tribe DOBirthCounty/State DODeathCounty/State
Date of Birth County/State Date of Death	Tribe	DOBirth County/State
County/State		

I, _____, affirm that the information contained in this application is true and correct to the best of my knowledge. I understand that the Echota Cherokee Tribe of Alabama may accept or reject the application upon review.

Signature

Date