

****Please Note: The Tribal Roll is not open at this time. If a Constitutional Amendment is approved by General Council in the future, the pre-application will be submitted for review and processing; however, additional information may be required.**



Dear Pre-Applicant:

Thank you for your interest in the Poarch Band of Creek Indians. The following items are included in this pre-application packet:

- Cover Sheet
- Checklist
- Pre-Application Form
- Pedigree Chart

Pre-application packets will be accepted online or by making an appointment with the Enrollment Department. Please call (251) 368-9136 ext. 2514 to schedule an appointment. Only complete pre-applications will be included in data and may be later forwarded for review if a Constitutional amendment is approved.

If a Constitutional amendment is approved, documentation may be required prior to complete the enrollment application. Please remember that the burden of proof shall be the responsibility of the applicant.

Only clear copies will be accepted of birth certificates, marriage license, etc. No original documents will be accepted. If an original document is received with the pre-application packet, it will NOT be returned to the applicant.

Before any pre-applications are considered complete, all applicants are required to have a DNA test to prove their biological relationship with their Tribal Member parent. All DNA testing will be scheduled through the Poarch Band of Creek Indians' Enrollment Department with the lab of the Department's choice. No outside DNA testing results will be accepted. You may be required to pay \$150 for each person tested. If you have any questions about testing or the cost, please call (251) 368-9136 ext. 2514.

The submission of the pre-application packet does not mean you will be approved as a Tribal Member of the Poarch Band of Creek Indians. The official Poarch Band of Creek Indians Tribal Roll is not open at this time. If a Constitutional Amendment is approved by the General Council in the future, the pre-application packet and supporting documentation will be processed accordingly.

The Enrollment Department will hold all pre-application packets and supporting documentation until the General Council votes on a Constitutional Amendment to open the roll or December 31, 2022, whichever occurs first. If the General Council does not approve such a Constitutional Amendment, your pre-application packets and supporting documentation will be disposed of and will not be kept for any future changes to the Tribe's enrollment criteria.

Please call me or email me if you have any questions. Because of the volume of calls expected, please consider emailing me (lwalker@pci-nsn.gov) with your questions.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Walker".

Lisa Walker
Enrollment Manager

To have a completed Pre-Application, you must submit a fully executed and complete Pre-Application, Pedigree Chart and the following documents.

Preparation				
Checklist Items	Yes	No	Not Required	Comments
Certified Birth Certificate of pre-applicant listing biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the pre-applicant is an ADOPTED child; the ORIGINAL Certified Birth Certificate that states the names of the BIOLOGICAL mother and father, if known, and the court adoption records must be submitted to determine Blood Quantum. Blood Quantum is counted from the biological parents, NOT ADOPTED parents. New Birth Certificate issued after adoption that list the adopted parents are NOT used to determine Blood Quantum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All pre-applicants are required to submit to DNA testing with an enrolled Tribal Member. Payment for testing or appropriate payback documents must be completed. Certified DNA Testing results stating the name of child and contributing parent(s) and stating proof of paternity/maternity. The Enrollment Department will schedule the DNA testing. The DNA testing should be completed by December 31, 2021 . However, the testing results may take longer to receive from LabCorp. If further testing is needed the Enrollment Department will determine, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

State Certified Birth Certificate(s) of the biological contributing parent(s), stating who their parents are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A certified Birth Certificate of the biological Tribal grandfather or Tribal grandmother if living. If deceased, a copy of the Death Certificate may be submitted if it states the name of their parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Marriage License with date of Marriage of the biological contributing grandparent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The names of all Indian ancestors must be provided. Your Indian Ancestors must be enumerated/recognized as Indian on our Base Roll. The Base Roll per our Constitution, 1870 Escambia Co., AL. Census 1900 Escambia Co., AL. Census 1900 U.S. Special Indian Census of Monroe Co., AL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the name on the Enrollment Application is not the name on his or her Birth Certificate, the pre-applicant must provide proof of a legal name change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please note: If the pre-applicant is an enrolled member of another Federally Recognized Tribe, group, or band of Indians, you must submit the completed Relinquishment forms from your other tribe to the Enrollment Department of the Poarch Band of Creek Indians for your pre-application to be complete. Remember that this pre-application does not guarantee membership in the Poarch Band of Creek Indians.

Also, we **cannot** count adopted parent's Blood Quantum. We can only count your biological parent's Blood Quantum. You have to be a least **1/4 Poarch Creek Indian Blood Quantum** by the membership requirements listed in the Constitution of the Poarch Band of Creek Indians.

IF ANY QUESTIONS ARE RAISED REGARDING THE AUTHENTICITY OF DOCUMENTS SUBMITTED WITH THIS PRE-APPLICATION, THE BURDEN OF PROOF SHALL BE THE RESPONSIBILITY OF THE PRE-APPLICANT.

Signature of Pre-Applicant

Date

Tribal Enrollment Manager

Date



**POARCH BAND OF CREEK INDIANS
TRIBAL ENROLLMENT OFFICE**

5811 Jack Springs Road
Atmore, Alabama 36502
Telephone: (251) 368-9136, ext. 2281 or 2282
Fax: (251) 368-4502

**PRE-APPLICATION FOR TRIBAL MEMBERSHIP
IN THE POARCH BAND OF CREEK INDIANS**

NAME OF PRE-APPLICANT

_____ (FIRST) (MIDDLE) (MAIDEN) (LAST)

ADDRESS OF PRE-APPLICANT _____

CITY/STATE _____ ZIP _____

EMAIL _____

TELEPHONE NUMBER _____ SOCIAL SECURITY # _____
(AREA CODE)

BIRTHDATE OF PRE-APPLICANT _____ SEX _____

FATHER'S NAME _____ ROLL # _____ BLOOD QUOTA _____

MOTHER'S MAIDEN NAME _____ ROLL # _____ BLOOD QUOTA _____

Who is the enrolled Tribal Member that the pre-applicant will be DNA testing with to show a biological relationship?

(The enrolled Tribal Member would need to be a Sibling, Parent Grandparent, Aunt or Uncle)

IF ANY QUESTIONS ARE RAISED REGARDING THE AUTHENTICITY OF DOCUMENTS SUBMITTED WITH THIS PRE-APPLICATION, THE BURDEN OF PROOF SHALL BE THE RESPONSIBILITY OF THE APPLICANT.

Is the pre-applicant an ADOPTED child? _____ YES _____ NO

Is the pre-applicant an enrolled member of any other tribe, group, or band of Indians? _____ YES _____ NO

Name of Tribe _____

Is this pre-application filed by a family member _____ YES _____ NO

If this pre-application is filed by a family member, what is the relationship to the pre-applicant?

NAME and ADDRESS of a family member

TELEPHONE NUMBER of family member

() _____

IT IS THE RESPONSIBILITY OF THE PRE-APPLICANT TO PROMPTLY NOTIFY THE TRIBAL ENROLLMENT OFFICE OF ANY CHANGE IN ADDRESS OR NAME.

I hereby request Tribal Membership in the POARCH BAND OF CREEK INDIANS, and I request that if a Constitutional amendment is approved that would qualify me for membership that my pre-application be submitted as my application for membership. I certify that the information and documents submitted are true and correct to the best of my knowledge and belief.

(Signature of Pre-Applicant)

(Date of Pre-Application)

OFFICE USE ONLY:

This pre-application was received by the Tribal Enrollment Office on:

(Date)

(Signature of Tribal Enrollment Manager)

DO NOT COPY

PEDIGREE CHART



NAME OF APPLICANT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

AREA CODE _____ TELEPHONE _____

LINE #1 _____

MALES: LIST YOUR COMPLETE NAME, NO INITIALS OR NICKNAMES.

FEMALES: LIST YOUR COMPLETE MAIDEN NAME ON LINE #1. PUT YOUR HUSBAND'S COMPLETE NAME ON THE BOTTOM LINE.

FATHER OF # 2
GRANDFATHER OF # 1

4

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

8

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

16 ABOVE NAME CONTINUED ON CHART

17 ABOVE NAME CONTINUED ON CHART

18 ABOVE NAME CONTINUED ON CHART

19 ABOVE NAME CONTINUED ON CHART

20 ABOVE NAME CONTINUED ON CHART

21 ABOVE NAME CONTINUED ON CHART

22 ABOVE NAME CONTINUED ON CHART

23 ABOVE NAME CONTINUED ON CHART

MOTHER OF # 2
GRANDMOTHER OF # 1

5

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

10

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

FATHER OF # 3
GRANDFATHER OF # 1

6

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

12

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

24 ABOVE NAME CONTINUED ON CHART

25 ABOVE NAME CONTINUED ON CHART

26 ABOVE NAME CONTINUED ON CHART

27 ABOVE NAME CONTINUED ON CHART

28 ABOVE NAME CONTINUED ON CHART

29 ABOVE NAME CONTINUED ON CHART

30 ABOVE NAME CONTINUED ON CHART

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

2

FATHER OF # 1

10

10

MOTHER OF # 1

5

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

11

11

FATHER OF # 3

6

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

13

13

MOTHER OF # 3
GRANDMOTHER OF # 1

7

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

14

14

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

15

15

NAME OF HUSBAND OR WIFE

1

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____

3

MOTHER OF # 1

BORN _____
WHERE _____
WHEN MARRIED _____
DIED _____
WHERE _____
PBCI ROLL # _____

7

7

7

31 ABOVE NAME CONTINUED ON CHART

31

31

NAME OF APPLICANT'S IMMEDIATE BLOOD FAMILY MEMBER WHO IS ON THE ROLL OF THE POARCH BAND OF CREEK INDIANS.

RELATIONSHIP: _____ BQ: _____ PBCI #: _____