



THE WHITETOP  
NATION

## APPLICATION FOR ENROLLMENT PACKET

[WWW.WHITETOPNATION.ORG](http://WWW.WHITETOPNATION.ORG)

The purpose and mission of The Whitetop Nation is to protect and enhance the quality of the lives of all our members, to protect the culture and traditions of our Native Americans, to teach our young people the history of our families and the history of our Native American peoples, to respect the burial sites of our ancestors that have gone before us and for the generations to come, and to confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth. We will stress the importance of Her continued survival.

The Whitetop Nation (WTN), in accordance with tribal sovereignty, will follow our tribal Constitution to further the growth of our indigenous heritage, community, and life. We will work within the spirit of federalism that the United States Constitution grants to our government to be represented by our own elected government and teach our children the importance of education and self-reliance. Also, we pledge to care for our elderly and our youth. Finally, we commit to assisting and serving our Tribal Nation, State, and Federal governments.

Each Citizen is Protected Under the Following Acts:

- Treaty of 1701
- The Free Exercise Clause of the First Amendment
- J Treaty
- The Indian Citizenry Act of 1924
- The Indian Reorganization Act of 1934
- The Indian Civil Rights Act of 1968
- The American Indian Religious Act of 1978
- United Nations Declaration on the Rights of Indigenous Peoples adopted by General Assembly Resolution 61/295 of 13 September 2007

If you have any questions or need assistance, please get in touch with us at

**Whitetop Nation**

**ATTN: Department of Culture and Heritage OR [applications@whitetopnation.org](mailto:applications@whitetopnation.org)**

**P.O. Box 867, Georgetown, KY 40324**



THE WHITETOP  
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INSTRUCTIONS TO APPLY FOR CITIZENSHIP

There are three types of Citizenship.

1. Tribal Citizen; requires a direct lineage with supporting documents in accordance with Article III Section 1 of the Tribal Constitution defined as:
  - 1.1 Persons listed on the Guion Miller Roll of 1906 (overturned) Sizemore descendants and the #417 denied Eastern Cherokee Nation applications (ECA), compiled as the WTN Base Enrollment Index with a valid date of December 31, 1910.
  - 1.2 Persons not listed under Section 1.1, but demonstrate a direct descent from William Ephraim Sizemore and Margery Owen of the Piedmont and Tributary Indians of Virginia.
2. Associate Citizen; significant other, partner, spouse, or adopted children not qualifying under Article III Section 1 of the Tribal Constitution.
3. Honorary Citizen.

**DO NOT SEND ORIGINAL COPIES. ALL DOCUMENTS RECEIVED BY THE WHITETOP NATION BECOME PROPERTY OF THE WHITETOP NATION INTO PERPETUITY REGARDLESS OF APPLICATION STATUS.**

**REQUIRED AND ACCEPTABLE DOCUMENTS FOR EACH LINEAGE INDIVIDUAL**

Please send unedited **copies**, as they cannot be returned.

- Birth, Death, and Marriage Certificates
- State Issued Identification or Driver's License
- Family Bible Records, Government Census Report
- U.S. Military Records
- Enrollment on Federally Recognized Indian Census or Rolls
- Clear and legible photograph of ancestor's burial marker

If you have questions regarding what qualifies as "official" and acceptable documents for proof of identity and lineage, please email us at your earliest convenience (**[applications@whitetopnation.org](mailto:applications@whitetopnation.org)**).

**\*Please note—you must submit a Pedigree or Family Tree and all supporting documents with your completed application. Thank you. Sample provided at end of the application.\***

**Applications are accepted via mail secure tribal website or PayPal ([https://www.paypal.com/donate/?hosted\\_button\\_id=GNC6HHYKQ4FCQ](https://www.paypal.com/donate/?hosted_button_id=GNC6HHYKQ4FCQ))**

**Physical applications should be mailed to the following address:**

**Whitetop Nation  
ATTN: Department of Culture and Heritage  
P.O. Box 867, Georgetown, KY 40324**

**Email applications to:  
[applications@whitetopnation.org](mailto:applications@whitetopnation.org)**



THE WHITETOP  
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ADMISSION PROCESSING FEES

For all initial enrollments for full Citizenship, please enclose **\$65.00**  
**\*FOR PHYSICAL APPLICATIONS Enclose check or money order payable to:**  
**THE WHITETOP NATION**

**Enrollment processing fees are not refundable.**

Please fill out the appropriate information on the enrollment form. Any incorrect information could result in the following:

- i. Denial of enrollment
- ii. Re submittal of the enrollment form
- iii. Additional processing fees

Tribal ID card is separate from tribal application.

- The primary enrollment individual is provided one card, which is included in the initial fee. Each additional card for spouses or children cost \$35 per card.

**RENEWAL CARD FEE \$35 EVERY 4 YEARS FROM BIRTH MONTH.**

ADULT CARDS ARE VALID FOR THOSE OVER THE AGE OF 18.

ADOLESCENT CARDS ARE VALID FROM 10 TO 18 YEARS OF AGE.

CHILD CARDS ARE VALID FROM BIRTH TO 10 YEARS OF AGE. \*IDS ARE NOT REQUIRED FOR CHILDREN UNDER 10 YEARS OF AGE.

ID photographs will be requested upon enrollment approval.

- ID cards will have an expiration date of the last day of members birth month.
- Tribal ID cards for additional enrollees (i.e. your spouse/partner, minor children included in this enrollment form) are  
**\$35.00 each**
- Replacement ID /ID cards can be requested later for an additional fee of \$35 each

There are no other fees for Citizenship nor monetary benefits to our citizens at this time.

Enrollments are processed in the order they are received.

This 2-2024 of the Whitetop Nation enrollment form supersedes any other version.



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APPLICANT'S CITIZENSHIP ENROLLEMNT INFORMATION

NAME: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: STATE: ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF CHILDREN IN YOUR FAMILY THAT ARE UNDER THE AGE OF **18**. MALE: \_\_\_\_\_

FEMALE: \_\_\_\_\_

APPLICANT'S PERSONAL CHARACTERISTICS

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_' \_\_\_\_" WEIGHT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTH LOCATION: \_\_\_\_\_

Please attach copies of your state-issued ID or Driver's License, Birth Certificate, and Pedigree/Family Tree showing **DIRECT LINEAGE** to the Whitetop Nation with supporting documents for each ancestor/link.

The following sheets need to be completed as part of your application. First is the citizen type you are applying for; please ("X") in the appropriate location. Then, continue to fill out all the information. This will document your current and ancestral lineage. Remember, you **MUST** be a direct descendent of a Whitetop Nation ancestor. Your application will be kept in our private files and will remain confidential. By signing and submitting your application to the tribe, you consent to the tribe's use of your contact information (name, address, etc.) for official tribal business purposes. You may receive newsletters and other tribal communications.

\_\_\_\_\_ Initial this box to opt-out of receiving tribal communications. (This would mean no further communication with the tribe and may hinder notification of enrollment and other vital tribal communications.)

\_\_\_\_\_ Initial this box to receive email tribal communications.

\_\_\_\_\_ Initial this box to receive text tribal communications. (MSG and Data rates may apply)

\_\_\_\_\_ Initial this box to receive phone tribal communications.

\_\_\_\_\_ Initial this box to receive mailing tribal communications.

CITIZENSHIP APPLYING FOR

Citizen ( )

Associate Citizen ( )



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Please list all information on children living in your home to be considered for Citizenship. Attach pages with additional children if necessary.

If you have a child that is 18 or older—they will need their own application.

Children residing with the primary applicant to be considered for Citizenship

Children ages 14-17 are required to sign if Citizenship is desired.

APPLICANT'S NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST/MAIDEN NAME \_\_\_\_\_

GENDER: M ( ) F ( )

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST/MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: M ( ) F ( )

CHILDREN? YES \_\_\_ NO \_\_\_

1. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE: ( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

This 2-2024 of the Whitetop Nation enrollment form supersedes any other version.

2. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE:( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

3. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE:( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

4. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE:( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

5. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE:( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

6. NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

MALE: ( ) FEMALE:( ) AGE AT TIME OF APPLICATION: \_\_\_\_\_ BIOLOGICAL \_\_\_\_\_

CHILD'S SIGNATURE (IF 14-17): \_\_\_\_\_

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): \_\_\_\_\_

**\*\*ATTACH ADDITIONAL SHEETS OF MORE THAN 6 CHILDREN**



APPLICANT'S FULL NAME: \_\_\_\_\_

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

FULL NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

FULL NAME OF MEMBER'S FATHER: \_\_\_\_\_

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

FULL NAMES OF MEMBER'S BROTHERS:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

FULL NAMES OF MEMBER'S SISTERS:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_



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Please list the names of your Ancestors on this page.  
Attach pages with additional information if necessary.

**ANCESTORS OF PRIMARY APPLICANT**

APPLICANTS' NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. I AM THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF MOTHER'S DEATH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF FATHER'S BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF FATHER'S DEATH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

MARRIAGE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_\_

DIVORCE/ANNULMENT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_\_

2. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF MOTHER'S DEATH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF FATHER'S BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

DATE OF FATHER'S DEATH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_, STATE: \_\_\_\_

MARRIAGE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_\_

DIVORCE/ANNULMENT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_\_

3. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

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DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

4. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

5. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

6. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

7. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

8. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

9. WHO IS THE SON( ) DAUGHTER( ) OF MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
MADIEN NAME: \_\_\_\_\_ FATHER FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

DATE OF MOTHER'S BIRTH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF MOTHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S BIRTH \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

DATE OF FATHER'S DEATH: \_\_\_/\_\_\_/\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_, STATE: \_\_\_

MARRIAGE: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_

DIVORCE/ANNULMENT: \_\_\_/\_\_\_/\_\_\_ COUNTY \_\_\_, STATE \_\_\_



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Please list the names of any family member who is a current Tribal Citizen. Attach pages with additional information if necessary.

1. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

6. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

7. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

8. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

9. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

10. Full Name: \_\_\_\_\_ Tribal Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (A/C \_\_\_\_\_) \_\_\_\_\_

ANCESTRY CHART

CHART NO.

Person No. 1 on this chart is the same person as No. \_\_\_\_\_ on chart No. \_\_\_\_\_

KEY TO ABBREVIATIONS:  
b. Date of Birth  
p.b. Place of Birth  
m. Date of Marriage  
p.m. Place of Marriage  
d. Date of Death  
p.d. Place of Death  
Write dates as month, day, year [Oct 2, 1978]  
Write places as city or town, (county), state  
[Chicago (Cook) Illinois]

1  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

2  
(Father of No. 1)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

3  
(Mother of No. 1)  
b.  
p.b.  
d.  
p.d.

4  
(Father of No. 2)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

5  
(Mother of No. 2)  
b.  
p.b.  
d.  
p.d.

6  
(Father of No. 3)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

7  
(Mother of No. 3)  
b.  
p.b.  
d.  
p.d.

(Spouse of No. 1)  
b.  
p.b.  
d.  
p.d.

8  
(Father of No. 4)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

9  
(Mother of No. 4)  
b.  
p.b.  
d.  
p.d.

10  
(Father of No. 5)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

11  
(Mother of No. 5)  
b.  
p.b.  
d.  
p.d.

12  
(Father of No. 6)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

13  
(Mother of No. 6)  
b.  
p.b.  
d.  
p.d.

14  
(Father of No. 7)  
b.  
p.b.  
m.  
p.m.  
d.  
p.d.

15  
(Mother of No. 7)  
b.  
p.b.  
d.  
p.d.

cont.  
chart

cont.  
chart

cont.  
chart

cont.  
chart

cont.  
chart

cont.  
chart

cont.  
chart

cont.  
chart

This chart is required per BIA regulation. Additional copies required for each ancestry line 8-15 who are descendants of ANY Tribal relations as necessary to confirmed tribal members.  
List each individual confirmed as a Whitetop Nation enrollee/ancestor with (\*) or an Indigenous Tribe, either State or Federally recognized by (\*\*).



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I certify that all the information above is accurate to the best of my knowledge and understand that any false information will render this application void. I also certify that I am not a citizen of any other tribe.\* **Initial**\_\_\_\_\_

Print Last Name-\_\_\_\_\_ Madien Name\_\_\_\_\_ First Name\_\_\_\_\_ MI\_\_\_\_\_

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

SPOUSE – Last Name:\_\_\_\_\_ Madien Name:\_\_\_\_\_ First Name\_\_\_\_\_ MI\_\_\_\_\_

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

\*If you are currently a member of another tribe, a notarized relinquish form (provided by Whitetop Nation) will be required for Citizenship.

**Mailing address:**

**THE WHITETOP NATION  
ATTN: DEPT OF CULTURE & HERITAGE  
P.O. BOX 867  
GEORGETOWN, KY 40324**

**Email address:**

**[applications@whitetopnation.org](mailto:applications@whitetopnation.org)**



This 2-2024 of the Whitetop Nation enrollment form supersedes any other version.

APPLICANTS FULL NAME: \_\_\_\_\_ WBNI# \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

APPROVED / DECLINED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

<u>ELECTRONIC TRANSACTION #</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>DEPOSITED</u>
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NOTES \_\_\_\_\_

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## Application Inspection Checklist

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Driver's License \_\_\_\_\_

Photo (2X2X2) approx. \_\_\_\_\_

Birth certificate \_\_\_\_\_

Marriage certificate \_\_\_\_\_

Parents birth/death certificate \_\_\_\_\_

Parents marriage certificate \_\_\_\_\_

Grandparents' birth/death certificate \_\_\_\_\_

If before 1940 look for U.S. Census to verify connection

Grandparents' Marriage certificate/records \_\_\_\_\_

Great-grandparents -birth/death certificate \_\_\_\_\_

**If before 1940 look for U.S. Census to verify connection**

Great-Grandparents' marriage certificate/records \_\_\_\_\_

2X Great-grandparents -birth/death certificate or census to verify connection

Application signed & dated

. relevant Military/DD214 records for applicant/ancestors

PLEASE include a list of your siblings & their birth date (Optional)

Inspected by \_\_\_\_\_

Date \_\_\_\_\_

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