



## ANCESTOR CHART

Date: \_\_\_\_\_

- Optional: Please provide names of other family members who have received their Tribal Citizenship cards within the past five (5) years. This reference maybe helpful when processing your application. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Please follow Indian bloodlines only.**
- **Please trace back to the nearest ancestor with a Tribal Citizenship number.**
- **Please use maiden names on all females.**

**Father:** CDIB ( ) YES ( ) NO  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Mother:** CDIB ( ) YES ( ) NO  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Paternal Grandfather:** CDIB ( ) Yes ( ) No  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Paternal Grandmother:** CDIB ( ) Yes ( ) No  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Maternal Grandfather:** CDIB ( ) Yes ( ) No  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Maternal Grandmother:** CDIB ( ) Yes ( ) No  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Paternal Great-Grandfather:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Paternal Great-Grandmother:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

**Paternal Great-Grandfather:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Paternal Great-Grandmother:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

**Maternal Great-Grandfather:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Maternal Great-Grandmother:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

**Maternal Great-Grandfather:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Maternal Great-Grandmother:**  
 Roll # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

Applicants Name & Place of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_

**PROCESSING TIME MAY VARY**