

THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS FAMILY TREE FORM

ROLL NUMBER

| | (PARENTS) | (GRANDPARENTS) | (GREAT GRANDPARENTS) | (GREAT GREAT GRANDPARENTS) |
|--------------------------------|---------------------------|---------------------------|-----------------------|----------------------------|
| DOB: _____ | Father: _____ | Father: _____ | Father: _____ | Father: _____ |
| DOD: _____ | AKA: _____ | AKA: _____ | AKA: _____ | |
| DOM: _____ | DOB: _____ | DOB: _____ | DOB: _____ DOD: _____ | Mother: _____ |
| POB: _____ | POB: _____ | POB: _____ | Blood Quantum: _____ | |
| NOM: _____ | DOD: _____ | DOD: _____ | | |
| NA: _____ | DOM: _____ NOM: _____ | Blood Quantum: _____ | Mother: _____ | |
| NI: _____ | Blood Quantum: _____ | | AKA: _____ | Father: _____ |
| AKA: _____ | | | DOB: _____ DOD: _____ | |
| | | Brothers & Sisters: _____ | Blood Quantum: _____ | Mother: _____ |
| | | | | |
| Applicant: _____ | | | | |
| AKA: _____ | | | | |
| Maiden: _____ | | Mother: _____ | | |
| DOB: _____ | Brothers & Sisters: _____ | AKA: _____ | Father: _____ | Father: _____ |
| POB: _____ | | Maiden: _____ | AKA: _____ | |
| Soc. Sec. #: _____ | | DOB: _____ | DOB: _____ DOD: _____ | Mother: _____ |
| DOD: _____ | | POB: _____ | Blood Quantum: _____ | |
| | | DOD: _____ | | |
| Phone #: _____ | | Blood Quantum: _____ | Mother: _____ | |
| Brothers & Sisters: _____ | | | AKA: _____ | Father: _____ |
| | | | DOB: _____ DOD: _____ | |
| | | Brothers & Sisters: _____ | Blood Quantum: _____ | Mother: _____ |
| | | | | |
| | | | | |
| | | | | |
| | | Mother: _____ | | |
| | | AKA: _____ | | |
| | | Maiden: _____ | Father: _____ | Father: _____ |
| | | Father: _____ | AKA: _____ | |
| | | AKA: _____ | DOB: _____ DOD: _____ | Mother: _____ |
| | | DOB: _____ | Blood Quantum: _____ | |
| | | POB: _____ | | |
| | | DOD: _____ | | |
| | | DOM: _____ NOM: _____ | DOB: _____ DOD: _____ | Mother: _____ |
| | | Blood Quantum: _____ | Blood Quantum: _____ | |
| | | | | |
| COMMENTS (for office use only) | | | Mother: _____ | |
| | | Brothers & Sisters: _____ | AKA: _____ | Father: _____ |
| | | | DOB: _____ DOD: _____ | |
| | | | Blood Quantum: _____ | Mother: _____ |
| | | | | |
| | | Brothers & Sisters: _____ | Mother: _____ | |
| | | | AKA: _____ | |
| | | | Maiden: _____ | |
| | | | DOB: _____ | Father: _____ |
| | | | POB: _____ | AKA: _____ |
| | | | DOD: _____ | DOB: _____ DOD: _____ |
| | | | Blood Quantum: _____ | Mother: _____ |
| | | | | |
| | | | Mother: _____ | |
| | | Brothers & Sisters: _____ | AKA: _____ | Father: _____ |
| | | | DOB: _____ DOD: _____ | |
| | | | Blood Quantum: _____ | Mother: _____ |
| | | | | |

This document has been completed according to available records., and is subject to change upon additional documentation and/or new information and is CONFIDENTIAL.

Date of Enrollment: _____
Date Reviewed: _____
Reviewed By: _____