

THE UNITED HOUMA NATION, INC.
20986 Hwy. 1
Golden Meadow, LA 70357
(985)475-6640



APPLICATION FOR ENROLLMENT

This is the official application of the United Houma Nation. By completing this application, you are requesting official enrollment with the UHN. All information provided will remain confidential.

Name of Applicant: _____ Date of Birth: _____

Residence at time of birth: _____

List any other names the applicant is or has been known by: _____

Gender: Male Female Social Security No.: _____

Natural Father's Name: _____ Tribal No. _____

Natural Mother's Name(Maiden): _____ Tribal No. _____

Is the applicant above adopted: Yes No
If yes, provide name of adoptive parents and proof of adoption: _____

Physical Address: _____

Mailing Address: _____

Home Telephone No. _____ Alternate No. _____

Parish/County: _____ Last Grade Completed: _____

Is the applicant under the age of 18 or incapacitated, incompetent or otherwise in need of assistance?
 Yes No If yes, who is the legal guardian of the applicant?

Guardian Name: _____ Relationship: _____

Address: _____

Telephone No. _____ Alternate No. _____

Applicant is: Single Married Other Explain: _____

List spouse(s) and provide proof of marriage/divorce:

1 _____ 2 _____ 3 _____

SIGNIFICANT COMMUNITY RELATIONSHIP

1. Is the applicant under the age of 5? Yes No If no, skip to question #3

Any applicant age 5 or older must address Significant Community Relationship (see #3 below).

2. Is the applicant's natural mother currently a registered member of the UHN? Yes No
Is the applicant's natural father currently a registered member of the UHN? Yes No

If the applicant is under the age of 5 and at least 1 (one) natural parent is currently registered, you are not required to address significant community relationship and can skip to Applicant Assurances.

If neither parent is currently a registered member of the UHN, then you must address Significant Community Relationship (see #3 below).

3. In accordance with the UHN Constitution, you are required to demonstrate that you have a "significant community relationship" with the United Houma Nation (Article III, Section 1, (c)). As defined in the UHN Enrollment Ordinance:

"Significant community relationship" shall mean the recognition and acknowledgment by relatives of an applicant as a Houma Indian who has social, cultural and political ties with the Nation. Such recognition and acknowledgment shall be demonstrated for at least 5 (five) years preceding the filing of an application for enrollment by oral testimony from and documentary evidence submitted by at least 5 (five) immediate or extended family members and at least 3 (three) community members, all of whom are enrolled members of the Nation. Documentary evidence may include, but not be limited to, such documents as phone records, sign-in sheets to tribal and family social functions, a wedding guest book, a family reunion guest book, a funeral guest book, and such other documents.

Attach a description of your significant community relationship and attach supporting documents as needed.

APPLICANT ASSURANCES

Please initial each of the items below to indicate that you have read and understand these assurances. If you are unable to agree with the below assurances, then your application will not be processed and you may not be eligible for enrollment with the UHN.

Initial _____ I certify that I am not enrolled in any other Tribe

Initial _____ I certify that the information included in this application is true and correct

Signature of Applicant/Guardian if applicable

Date

For Office Use Only
Date Received: _____
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Ancestor(s) on Base Roll Linked to Applicant: _____