



## New Hampshire Inter-tribal Native American Council Member Application



<b>Registration Number:</b>		<b>Date:</b>		<b>Phone Number:</b>	
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Maiden Name</b>

<b>Date of Birth</b>	<b>Gender (Circle one)</b>			<b>Pronoun</b>
	Male	Female	Two Spirit	Please specify:

<b>Street Address:</b>					
<b>Street Address 2:</b>					
<b>Town / City:</b>	<b>State:</b>		<b>Zipcode:</b>		
<b>Email Address:</b>					

### Genealogy: Follow Native American Line Only

#### Parents

<b>Mother:</b>		<b>Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

#### Maternal Grand Parents

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

#### Paternal Grand Parents

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

**Maternal Great Grand Parents**

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

**Paternal Great Grand Parents**

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

**Maternal Second Great Grand Parents**

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

**Paternal Second Great Grand Parents**

<b>Grand Mother:</b>		<b>Grand Father:</b>	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Place of Birth:</b>		<b>Place of Birth:</b>	
<b>Tribe:</b>		<b>Tribe:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	

**Please mail paper forms to:** NHINAC  
PO Box 21  
Farmington, NH 03835