

Application For Membership in the First Families of the Cherokee Nation

The Cherokee National Historical Society will be responsible for certifying all applications and may request additional information if necessary. The Cherokee National Historical Society determines eligibility. Their decision will be final. All applications should include the fee and a self-addressed stamped envelope. All materials submitted become the property of the Cherokee National Historical Society and may be made available to genealogical researchers and/or published. Membership does not constitute, and is separate from, citizenship in the Cherokee Nation. For further information or assistance, contact the Cherokee Family Research Center at: P. O. Box 515, Tahlequah, OK 74465; genealogy@cherokeeheritage.org or family@cherokeeheritage.org. Phone: (918) 456-6007, X-27 or fax (918) 456-6165. Submit one application for each certificate requested.

A: Applicant's Full Name (Print Clearly):

(First) (Middle) (Last)
Maiden: _____

Print your name as you would like it to appear
on the certificate:

ADDRESS:

(Street) (City) (State) (Zip)

B: Name of ANCESTOR:

(The name of qualifying ancestor who was a legal resident of the Cherokee Nation and its territory ceded by the 1835 treaty **as it will appear on the membership certificate.**)

Where in the Cherokee Nation did this ancestor reside?

1). I, applicant, was born: _____
(Day) (Month) (Year)

In the City of _____, County of _____,

State of _____; and, I am married to: _____

Date of marriage: _____.

Place of marriage: _____

(City) (County) (State)

I am the child of:

2). _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

3). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

4). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

5). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

6). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

7). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.
Date of Birth: _____, _____. Place: _____
Date of Death: _____, _____. Place: _____
Roll and Roll Number: _____

Child of:

8). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

Child of:

9). Name: _____
(First) (Middle) (Last)

Married to: _____

On this date: _____, _____ in the city of _____

County of _____, State of _____.

Date of Birth: _____, _____. Place: _____

Date of Death: _____, _____. Place: _____

Roll and Roll Number: _____

If necessary to continue the lineage continue above format.

Recommendation: Add an extra page outlining the documentation/proof you have included for each generation.

MAIL THE COMPLETED APPLICATION TO:
FFCN, Cherokee Family Research Center, P. O. Box 515, Tahlequah, Ok 74465