



**“ALL” REGISTRATION PACKETS SHOULD BE
MAILED TO:**

Natchitoches Tribe of Louisiana

P.O. Box 85

Campti, LA 71411

***PLEASE NOTE: WHEN THIS REGISTRATION IS
RECEIVED, IT ALONG WITH ANY DOCUMENTS
PROVIDED, BECOME PROPERTY OF THE
NATCHITOCHE TRIBE OF LOUISIANA.
NOTE ALSO IT COULD TAKE 1 TO 6 MONTHS TO
PROCESS YOUR REGISTRATION IF YOU HAVE
SUPPLIED ALL NECESSARY DOCUMENTS.***

Are you a Natchitoches Native American?

Chances are very probable that you are a Natchitoches Indian if you have ancestors that lived in Northwestern Louisiana and surrounding areas whose surnames were: Trichel, Sanchez, Perot, Almond, Dortolon, Desadier, Simon, LeBrun, Meziere, David, DelRio, Rachal, Grappe, Perez, Pardee, Grillet, Winnon, Y'Barbo, Bienville, Beaudion, Vercher and many others. Please don't question your relationship if the spelling of names are not exact. Names are all spelled in multiple ways, but the families are still the same. People wrote names by the way that the name sounded to them when spoken. They may have even purposely changed the spelling of their names. There was/is not any law against spelling your name the way that you want to spell it.

Our tribe has obtained Louisiana State recognition and in the future plan to petition the federal government for the same. Following recognition, more than likely, the process will become more restrictive when it comes to registration.

The Natchitoches Tribe of Louisiana (NTL) Constitution's blood quorum is one drop at this time.

Here's what to do to register:

1. Every person over 18 must mail in an originally signed registration form as proof of his/her desire to become a member of the tribe.
2. Complete forms for each family unit. A family unit consist of "one" set of parents and their children under the age of 18. Children 18 yrs or older enrolled in school or college will be considered under their parents care. Disabled children older than 18 will be considered part of this family unit. Grandchildren are not part of a family unit unless approved by chief or vice-chief. We do make exceptions for grandparents who are raising their grandchildren and for those who have financial need. If you have questions or are in need of re-consideration of the rules, please contact the chief or vice-chief on the issue.

3. A copy of each person's birth certificate stating their parent's name must be sent in with the registration packet. If for some reason your parent is not listed on your birth certificate, request an "Acknowledgment of Paternity" form by email or phone.
4. A registration donation is requested by the tribe for the expenses of research, office supplies, and mailing. \$25 per person or \$50 per family.
5. Mail signed application, birth certificates/documentation and donations to:
Natchitoches Tribe of Louisiana, P.O. Box 85, Campti, LA 71411

**FOR PAYPAL REMITTANCE, DEBIT OR CREDIT CARD USE,
GO TO: paypal.me/ntldonation**

What the NTL does to protect your personal information.

- *Your personal information that the NTL collects is your birth, death, baptismal, and other documents to verify who you and your ancestors are.*
- *The NTL doesn't give this information to anyone, and only Council members have access to these files.*
- *Your personal information is never put on the internet; it is kept in secured filing cabinets and buildings.*

For more information concerning our tribe and/or your link to NTL, you may call:

Fred Simon
NTL Primary Chief
541-619-4024
or
Janette Melton
NTL Vice Chief
318-875-2812

Natchitoches Tribe of Louisiana Registration Request Form

Date: _____ Phone #: _____

Person seeking enrollment:

Last Name

First

Middle

Mailing

Address: _____

City

State

Zip Code

Primary Email: _____

List all other names you have used (maiden, married, aliases)

Date of Birth: _____

Month

Day

Year

Place of Birth: _____

City

Parish/County

State

Country

Biological/Natural Father

Biological/Natural Mother

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I, the undersigned applicant, do confirm that the information given in this application is true and correct to the best of my knowledge.

Signature of Applicant

FOR OFFICE USE ONLY

Date Application Received: _____

Preliminary Finding: _____

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAME OF MEMBER'S FATHER: _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

NAMES OF MEMBER'S BROTHERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAMES OF MEMBER'S SISTERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

(Name of person preparing this chart if not a member of the group) (Date prepared)

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 2 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer—Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

ANCESTRY CHART

Name: _____

Address: _____

Telephone: (A/C) _____

CHART NO.

Person No. 1 on this chart is the same person as No. _____ on chart No. _____

KEY TO ABBREVIATIONS:
 b. Date of Birth
 p.b. Place of Birth
 m. Date of Marriage
 p.m. Place of Marriage
 d. Date of Death
 p.d. Place of Death
 Write dates as month, day, year [Oct 2, 1978]
 Write places as city or town, (county), state
 [Chicago (Cook) Illinois]

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry farther back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.

1	b. p.b. m. p.m. d. p.d.	(Spouse of No. 1)	b. p.b. d. p.d.
2	b. p.b. m. p.m. d. p.d.	(Father of No. 1)	
3	b. p.b. d. p.d.	(Mother of No. 1)	
4	b. p.b. m. p.m. d. p.d.	(Father of No. 2)	
5	b. p.b. d. p.d.	(Mother of No. 2)	
6	b. p.b. m. p.m. d. p.d.	(Father of No. 3)	
7	b. p.b. d. p.d.	(Mother of No. 3)	
8	b. p.b. m. p.m. d. p.d.	(Father of No. 4)	cont. chart <input type="text"/>
9	b. p.b. d. p.d.	(Mother of No. 4)	cont. chart <input type="text"/>
10	b. p.b. m. p.m. d. p.d.	(Father of No. 5)	cont. chart <input type="text"/>
11	b. p.b. d. p.d.	(Mother of No. 5)	cont. chart <input type="text"/>
12	b. p.b. m. p.m. d. p.d.	(Father of No. 6)	cont. chart <input type="text"/>
13	b. p.b. d. p.d.	(Mother of No. 6)	cont. chart <input type="text"/>
14	b. p.b. m. p.m. d. p.d.	(Father of No. 7)	cont. chart <input type="text"/>
15	b. p.b. d. p.d.	(Mother of No. 7)	cont. chart <input type="text"/>

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