

**Thunderbolt Chickamauga Indian Nation**

**Citizenship Application**

**Please Print and Mail To:**

Thunderbolt Chickamauga Indian Nation

309 S. Apple Road

Osceola, Indiana 46561

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Spouse: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Maternal grandparents:**

Grandmother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

**Maternal great grandparents**

Grandmother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

**Paternal grandparents**

Grandmother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

**Paternal great grandparents**

Grandmother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

**Your Children**

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Please add any other children on the back of this Application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Please include your genealogy back to your Native ancestor, Fill out completely and mail to above address. Thank you!