

TUOLUMNE BAND OF ME-WUK INDIANS ENROLLMENT APPLICATION GUIDELINES

19595 MI WUK STREET, P.O. BOX 699, TUOLUMNE, CA 95379 – 209.928.5305

INFORMATION: To be eligible for membership you must provide direct lineal descendancy documentation connecting you to the ancestor in which your enrollment membership rights are claimed. First you must establish that you are of lineal descent to the Tuolumne Band of Me-Wuk Indians Official 1935 Base Roll. Lineal descent is by way of a mother, father, grandfather, grandmother, great-grandparents etc. Uncles, Aunts, Cousin's relationships are not considered direct lineal. Secondly, you must provide documentation that you are at least of 1/8 Indian Blood.

The documents required for supporting documentation as outlined in the Enrollment Act of 2003 are:

Completed family tree demonstrating the applicant's lineal descendancy.

Enrollment Act of 2003. Ordinance No. 00-14-03. Section 5.3 (ii)

An original or certified copy of 1) a certificate of birth, marriage and/or death, 2) baptismal record, 3) an order or finding of a probate court, 4) an official record of the Bureau of Indian Affairs or the Tribe, or 5) an affidavit from two (2) duly enrolled members of the Tribe, one of which must be a member of the Community Council and only one of which may be an immediate family member, defined as grandfather, grandmother, father, mother, sister or brother, of the applicant, the Affidavits shall be submitted with a resolution of approval from the Community Council, establishing birth or death of any person through whom lineal descent and Indian blood is claimed and the relationship of the applicant to such person.

INSTRUCTIONS:

1. Complete the application in black/blue ink.
2. Legal court documents will need to be submitted with the application if the applicant is legally represented such as a Power of Attorney, Legal Guardian, Indian Custodian, Foster Parent, Adoptive Parent, Grand Parent or Stepparent with legal custody rights.
3. Attach the birth document for the applicant as defined above and copies of birth or death certificates of all Indian Parents, Grand-parents, and Great Grandparents that Indian Blood is claimed through as well as any other documents as stated above that show linkage to their base roll ancestor.
4. Enrolled members may give permission to release photocopies of birth records and official documents from their personal enrollment files by appearing in person to assist other family members in completion of their enrollment application. The burden of proof will still lie with the applicant to prove lineal descendancy. After receiving copies of documents, it is the responsibility of the applicant or Legal Representative to make additional photocopies for each application packet submitted.
5. The family tree must be completed at the time of submission of the application.
6. If the applicant is denied Enrollment the applicant may request the return of all personal documents submitted with the application. Requests must be made within 3 years of application as per the Enrollment Office Records and Retention Policy. Applicants also have the right to withdraw their application at any time by sending a request in writing.
7. **RESEARCH ASSISTANCE:** If you need help with your research, please contact the National Archives at 1000 Commodore Drive, San Bruno, CA 94066-2350: Monday-Friday 7:30am-4:00pm, Wednesdays 4:00pm-8:00pm: Phone number: 650.238.3501 or the Central California BIA office in Sacramento at 916.930.3680.

APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY OCTOBER 30, 2025

Enrollment Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M. I.

Address: _____
Mailing Address Apt. #

City State Zip Code

Phone: _____ Cell Phone: _____

Email: _____

Sex: Male/Female Date of Birth: _____ Birthplace: _____
Circle One City & State

Social Security Number: _____ - _____ - _____ **(REQUIRED)**

Supporting documentation must be filed with this application to support your claim for eligibility:

Enrollment Act of 2003, Ordinance No.00-14-03, Section 5.3, (ii)

An original certified copy of (1) a certificate of birth, marriage and /or death, (2) a baptismal record, (3) an order or finding of a probate court, (4) an official record of the Bureau of Indian Affairs or the Tribe, or (5) an affidavit from two duly enrolled members of the Tribe, one of which must be a member of the Community Council and only one of which may be an immediate family member, defined as grandfather, grandmother, father, mother, sister or brother, of the applicant, the Affidavit shall be submitted with a resolution of approval from the Community Council, establishing the birth or death of any person through whom lineal descent and Indian blood is claimed and the relationship of the applicant to such person. (A completed family tree demonstrating the applicants lineal descendancy.)

Is the applicant a minor under the age of 18? Yes ___ No ___

Are you a resident of the Ranceria? Yes ___ No ___

TUOLUMNE BAND OF ME-WUK INDIANS

#25 _____

Ancestry

Is Applicant a direct lineal descendant to the Tuolumne Band of Me-Wuk Indians 1935 Official Base Roll?

Yes _____ No _____

Name of Ancestor in which rights are claimed: _____ roll # _____

Relationship to Ancestor: _____

Degree of Indian Blood Claimed

_____ + _____ = _____
Me-Wuk Other Indian Blood Total Indian Blood

If claiming other Indian Blood, what Tribal Affiliation are you claiming: _____

Attach Degree of Indian Blood certification if available.

Other Tribal Affiliation

Are you now an enrolled member of another Tribe or Band? Yes _____ No _____ If yes please give name and location Tribe or Band. (If you have more than one other affiliation with a Tribe, please write that information on blank sheet and attach it to this application.)

Tribe or Band: _____

Address: _____

Phone: _____

Have you previously relinquished your membership with another Tribe or Band? Yes _____ No _____

Date of relinquishment: _____ Purpose of Relinquishment: _____

In order that you may be granted membership with the Tuolumne Band of Me-Wuk Indians, do you fully understand the meaning of herein agree to relinquish, to the extent necessary your membership rights with another Tribe or Band with which you are enrolled including full membership, assets or land assignment holdings with your other Tribe or Band? Yes _____ No _____

Initials _____

By initialing you fully understand and accept the above statement. We do not accept dual enrollment and may research all claims of other Indian blood applied for quantum calculations and the use of other Indian blood for Enrollment into the Tuolumne Band of Me-Wuk Indians.

Does your name appear on an Indian Census Roll? Yes _____ NO _____ Do Not Know _____

Provide Roll number if known _____

Are the names of your natural parents listed on an Indian Census Roll? Yes _____ No _____ Do not know _____

I hereby understand that withholding information regarding my status or assets and holdings with any other Tribe or Band may affect my qualifications for membership and that my application for Enrollment may be

TUOLUMNE BAND OF ME-WUK INDIANS

#25_____

denied based upon information withheld.

Initials_____ By initialing you fully understand and accept above statement.

Disclaimer and Signature

By signing this application, I, the applicant, or Legal Representative state that the information provided in this application is true and correct to the best of my knowledge. I hereby understand that any false statements or information discovered will be grounds for immediate disqualification and denial of the Enrollment application.

Signature: _____ Date: _____

Print Name: _____

Are you a Legal Representative for the Applicant? Yes_____ NO_____

If yes, please attach Legal documents indicating status.

Legal representatives are defined as a Power of Attorney, Legal Guardian, Indian Custodian, Foster Parent, Adoptive Parent, Grand Parent or Stepparent with legal custody rights.

If applicant is denied Enrollment the applicant may request the return of all personal documents submitted with the application. Requests for return of documents must be made in writing attention to the Enrollment Office at P.O. Box 699, Tuolumne, CA 95379. Requests must be made within 3 years of application as per the Enrollment Office's Record Retention Policy.

To withdrawal an application at any time you must follow the same procedure as above.

Five-Generation Ancestor Chart

#1 Applicant

DOB= Date of Birth

IBD= Indian blood degree

NI = Non- Indian

Write in **Tribe/Band** # 16 thru # 31 represents Great -Great Grandparents

See
Chart #

<div>1 Age _____ DOB _____ Maiden name or AKA _____ IBD _____ Other Indian Blood _____</div>		2		b _____ IBD _____ Father NI <input type="checkbox"/>		4		b _____ IBD _____ Grandfather NI <input type="checkbox"/>		8		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		16		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>	
		3		b _____ IBD _____ Mother NI <input type="checkbox"/>		5		b _____ IBD _____ Grandmother NI <input type="checkbox"/>		9		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		17		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		6		b _____ IBD _____ Grandfather NI <input type="checkbox"/>		10		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		18		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		24		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>	
		7		b _____ IBD _____ Grandmother NI <input type="checkbox"/>		11		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		19		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		25		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		12		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		13		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		20		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		26		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		14		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		15		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		21		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		27		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		16		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		17		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		22		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		28		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		18		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		19		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		23		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		29		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>	
		20		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		21		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		24		b _____ IBD _____ Gr. Grandfather NI <input type="checkbox"/>		30		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	
		22		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		23		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		25		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>		31		b _____ IBD _____ Gr. Grandmother NI <input type="checkbox"/>	

Compiled by: