

ANCESTRY CHART

Name: _____
 Address: _____
 Telephone: (A/C _____)

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

CHART NO.
 cont. chart

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 father 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. _____

2 _____
 (Father of No. 1)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

3 _____
 (Mother of No. 1)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

4 _____
 (Father of No. 2)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

5 _____
 (Mother of No. 2)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

6 _____
 (Father of No. 3)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

7 _____
 (Mother of No. 3)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

8 _____
 (Father of No. 4)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

9 _____
 (Mother of No. 4)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

10 _____
 (Father of No. 5)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

11 _____
 (Mother of No. 5)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

12 _____
 (Father of No. 6)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

13 _____
 (Mother of No. 6)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

14 _____
 (Father of No. 7)
 b. _____
 p.b. _____
 m. _____
 p.m. _____
 d. _____
 p.d. _____

15 _____
 (Mother of No. 7)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

(Spouse of No. 1)
 b. _____
 p.b. _____
 d. _____
 p.d. _____

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 30 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 Attn: 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.

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.