

LETTER OF VERIFICATION

(For Article II, Section 11 Compounded Genealogical Enrollment Uses Only)

State of _____
County of _____

I _____, on this ____ day of _____, 20____, hereby state that I am a by-blood Cherokee citizen of the Florida Tribe of Cherokee Indians. My enrollment identification number is #_____. I further state that I am a blood relative of _____, who is applying for enrollment to the Florida Tribe of Cherokee Indians as a by-blood Cherokee citizen. Specifically, I am the applicant's _____ (Please write family tie to applicant: Parent, Sibling, Grandparent, Aunt/Uncle, Cousin, Great Aunt/Uncle, Great Grandparent).

After careful consideration of the applicant's ancestry, compared with my own, I believe there to be substantial proof in my pedigree to warrant the applicant to be enrolled as a by-blood Cherokee citizen, using compounded genealogical pedigree, as allowed in Article II, Section 11 of the Constitution of the Florida Tribe of Cherokee Indians. More specifically, we share the following genealogical ancestor(s): _____ who are noted on my pedigree chart as number(s): _____.

By virtue of this letter, I hereby swear, or affirm, that all of the above cited information is true, accurate, and correct to the best of my knowledge and belief and that I give the Florida Tribe of Cherokee Indians the authority to attach the necessary genealogical files, from my permanent base roll enrollment records, so that the applicant may be considered for acceptance into the Florida Tribe of Cherokee Indians.



Signature: _____

Print Name: _____

Address: _____

Phone #: (____) _____ — _____

E-Mail: _____