

ANCESTRY CHART

CHART NO.

Name: _____

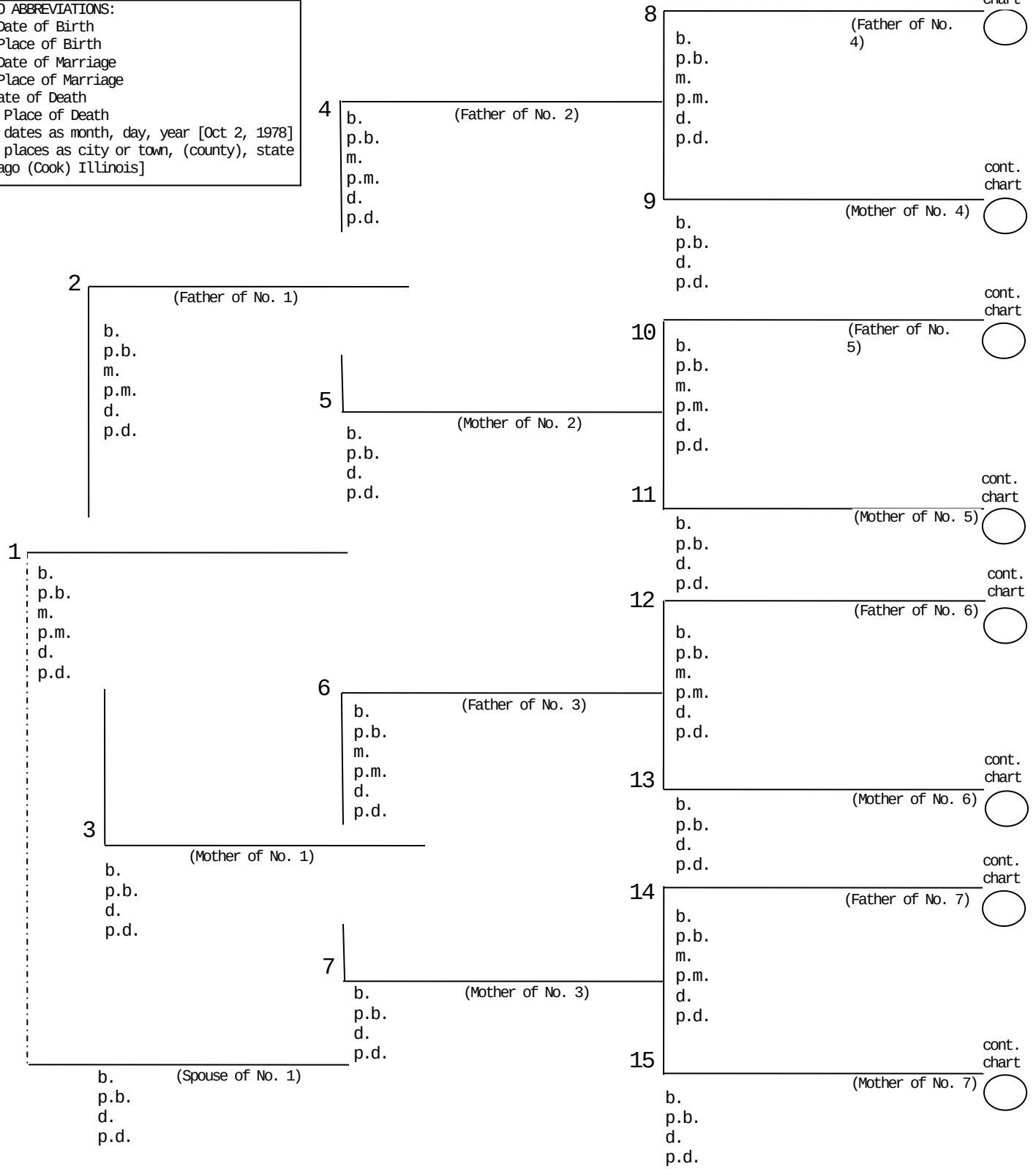
Address: _____

Telephone: (A/C _____)

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

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.

TO ABBREVIATIONS:
 Date of Birth
 Place of Birth
 Date of Marriage
 Place of Marriage
 Date of Death
 Place of Death
 e dates as month, day, year [Oct 2, 1978]
 e places as city or town, (county), state
 cago (Cook) Illinois]



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. If you wish to make comments on the form, please send them to the Information Collection Control Officer, Office of Regulatory Affairs - 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. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB clearance number.