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

ANCESTRY CHART

Optional Template

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

CHART NO.

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1. You only need to fill in the branch(es) through which you claim descendancy from members of the historical Indian Tribe (or an Alaska IRA-eligible entity that existed in 1936). For example, if you claim descendancy through your father, then enter the information about your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry farther 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.

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]

1
b.
p.b.
m.
p.m.
d.
p.d.

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

cont. chart

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 82 or 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-4660, 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.