MEMBERSHIP LIST OF _____ AS OF _____
(name of group) (month, day, year)

Name	Street Address City, State ZIP	Gender	Birth Date	Birth Place	Names of parents	Birth Date	Birth Place
					Fa.		
					Mo.		
					Fa.		
					Mo.		
					Fa.		
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					Fa.		
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					Fa.		
					Mo.		
					Fa.		
					Mo.		

ABBREVIATIONS: Fa. = Father; Mo. = Mother

NOTE: Shaded area not required for a Membership List, but assists in identifying descendancy.

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 38 hours to complete for a membership of 1,000 individuals. 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-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.