

Butte Tribe of Bayou Bourbeaux

Registration Packet

1. To register to be a member of Butte Tribe, a person must be 18 years of age or older, be a blood relative of the ancestors of the Butte Tribe of Bayou Bourbeaux, not enrolled in another indigenous tribe, be a committed family member who takes part in making Butte Tribe a strong tribal unit, confirm this by completing and signing the first form of the registration packet. (Pg.1)
2. Each person under 18 years of age should be included on his/her parent's application by listing their names on the second form (Pg.2) provided in this packet.
3. Complete the Ancestry Chart (Pg. 3) provided in this packet to the best of your ability. Should you have any problems, call one of the phone numbers provided for assistance.

When finished: Mail, Email, Text, or Message the following....
■ Pages 1-3
■ Copy of Birth Certificate or Proof of Parentage (Example: Obituary)
■ Self-Picture for Membership Card

To Submit by:

Mail to:

Butte Tribe Registration
374 Risinger Rd
Spearsville, LA 71277

Text Message to:

318.331.1972

Call the number above for
more information.

Email to: buttetribe@gmail.com

Subject: Member Registration



Butte Tribe Of Bayou Bourbeaux

Person seeking enrollment:

PHONE # _____

Last Name First Middle

Mailing Address

Physical Address

City State Zip Code

Primary Email

List all other names you have used (maiden, married, aliases)

Date of Birth : _____
 Month Day Year

Place of Birth
: _____
 City Parish / County State Country

Biological / Natural Father

Biological / Natural Mother

Note: It is preferable that petitioning group membership be composed "principally" of persons who are not members of other federally acknowledged North American Indian tribes. Although, exceptions have been made.

I, the undersigned applicant, do confirm that the information given in this application is true and correct to the best of my knowledge.

DATE _____



Signature of Applicant

FOR OFFICE USE ONLY

Date application Received: _____

Preliminary Finding : _____



**For more information Call:
318.331.1972**

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.

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

ANCESTRY CHART



CHART NO.
cont. chart

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

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.

(Your Name Goes Here)

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.

Please give us as much information that you have on your parents and grandparents. Which parent do you link to our tribe through?

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