



Complete this chart with as much information as you know.

# FAMILY ANCESTRY CHART

Father: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Name: \_\_\_\_\_  
 DOC #: \_\_\_\_\_  
 Current facility: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_  
 Is requester adopted?  Yes  No  
 Are requester's parents adopted?  Yes  No

Mother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal great grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal great grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal great grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Paternal great grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal great grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal great grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal great grandfather: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Maternal great grandmother: \_\_\_\_\_  
 Tribe(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_

Distribution: ORIGINAL - File COPY - Office of Tribal Relations