

NEW RIVER CATAWBA
INDIVIDUAL HISTORY CHART
(To be completed by each adult member)

PRINT CLEARLY

MEMBER'S FULL NAME: (FEMALES INCLUDE MAIDEN NAME IF APPLICABLE)

(FIRST) (MIDDLE OR MAIDEN) (LAST)
CONTACT INFORMATION: ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

(FOR OFFICE USE ONLY) TRIBAL ID # _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give maiden name) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

(For Office use only): Tribal ID # _____

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

1. _____ () 6. _____ ()
2. _____ () 7. _____ ()
3. _____ () 8. _____ ()
4. _____ () 9. _____ ()
5. _____ () 10. _____ ()

NAME OF MEMBER'S FATHER:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

(For Office use only) Tribal ID # _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF DEATH _____ PLACE OF DEATH: _____

(For Office use Only) Tribal ID #: _____

NAMES OF MEMBER'S SIBLINGS (M) OR (F)

1. _____ ()
2. _____ ()
3. _____ ()
4. _____ ()
5. _____ ()
6. _____ ()
7. _____ ()
8. _____ ()
9. _____ ()
10. _____ ()

(Name of person preparing this chart)

(Date prepared)