



*Passamaquoddy Tribal Government*  
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<b>OFFICE USE ONLY</b>
Request Mailed by: _____
Date: _____
Request Received by: _____
Date: _____
Memb. App Mailed by: _____
Date: _____

## APPLICATION REQUEST

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**TO: PLEASANT POINT CENSUS DEPARTMENT**

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Please provide me with the following required applications for Membership into the Passamaquoddy Tribe.

PLEASE PUT THE NUMBER OF APPLICATIONS THAT YOU ARE REQUESTING:

\_\_\_\_\_ **NEW BIRTH APPLICATION**

\_\_\_\_\_ **MINOR APPLICATION**

\_\_\_\_\_ **ADULT APPLICATION**

Name of Applicant (s): \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_