

CHILD ANCESTRY CHART

Child's Name: _____
DOB: _____ POB: _____
Tribe(s): _____

Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Bio Parent Name
DOB: _____ POB: _____
Tribe(s): _____

Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandmother Name
DOB: _____ POB: _____
Tribe(s): _____

Great-Great Grandfather Name
DOB: _____ POB: _____
Tribe(s): _____

Please complete the chart by providing Name (maiden and married), Date of Birth (DOB), Place of Birth (POB) and Name of Tribe, Village, Band (Tribe). Sign and date form.

Signature: _____ **Date:** _____

Relationship to Child: _____