

RESOLUTION OF THE  
WHITE MOUNTAIN APACHE TRIBE OF THE  
FORT APACHE INDIAN RESERVATION

WHEREAS, the Tribal Council of the White Mountain Apache has been advised that Sandra (Thompson) Johnson birthdate is July 17, 1947, has requested enrollment with the White Mountain Apache Tribe; and

WHEREAS, the Tribal Enrollment Committee has completely reviewed Mrs. Johnson's request and supporting documents; and

WHEREAS, the Enrollment Committee finds that Mrs. Johnson is eligible for enrollment with the White Mountain Apache Tribe and possesses the necessary blood quantum of one-half White Mountain Apache through her father, Mr. Rupert Thompson; and

WHEREAS, Mrs. Johnson has been a permanent resident of the Fort Apache Indian Reservation for 18 years; and

WHEREAS, Mrs. Sandra (Thompson) Johnson is willing to and shall provide to the Enrollment Committee and Tribal Council, proof of her relinquishment of her enrollment in the San Carlos Apache Tribe; and

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that based on the recommendation of the Enrollment Committee, that the enrollment of Sandra (Thompson) Johnson is hereby granted membership into the White Mountain Apache Tribe.

The foregoing resolution was on August 13, 1991, duly adopted by a vote of 8 for and 0 against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article III, Section 3 of the Amended Constitution and Bylaws of the Tribe, ratified by the Tribe June 27, 1958, and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).



United States Department of the Interior  
BUREAU OF INDIAN AFFAIRS  
SAN CARLOS AGENCY  
San Carlos, Arizona 85550

IN REPLY REFER TO:

Tribal Operations  
(602) 475-2321

RECORDED  
INDEXED  
MAY 12 1991

AUG 12 1991

AUG 09 1991

COUNCIL SECRETARY

Mr. Dell White  
Tribal Enrollment Officer  
White Mountain Apache Tribe  
P.O. Box 700  
Whiteriver, Arizona 85941

Dear Mr. White:

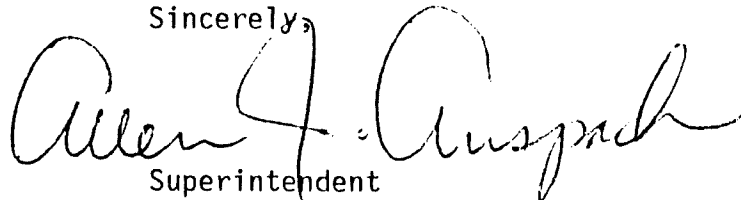
The San Carlos Membership and Enrollment Code states, in Chapter 2, Section 13, "Renunciation of Membership", Any enrolled member of the Tribe may renounce his or her membership by notarized written affidavit to the Chairman of the Council requesting that his or her name be stricken from the rolls of the Tribe. Such person may be reinstated in the Tribe only by the vote of a majority of the council.

The Conditional Relinquishment of Enrollment executed by Erick Rudell Walker and Sandra Thompson Johnson specifically states that relinquishment is not effective until they are accepted for membership in the other tribe. Therefore, the San Carlos Apache Tribe will not remove the names of Erick and Sandra until they have been officially accepted as members of the White Mountain Apache Tribe.

When this office receives official notice that Erick and Sandra are accepted as members of the White Mountain Apache Tribe, resolutions will be presented to the Tribal Council for formal instruction to remove their names from the membership rolls of the San Carlos Apache Tribe.

If you have any questions, please contact the Tribal Operations staff.

Sincerely,

  
Superintendent



United States Department of the Interior  
BUREAU OF INDIAN AFFAIRS  
SAN CARLOS AGENCY  
San Carlos, Arizona 85550

IN REPLY REFER TO:

Tribal Operations  
(602) 475-2321

MAY 08 1991

RECEIVED  
WHITE MOUNTAIN APACHE  
TRIBE

MAY 10 1991

COUNCIL SECRETARY

Mr. Dell White  
White Mountain Apache Tribal Enrollment  
White Mountain Apache Tribe  
P.O. Box 700  
Whiteriver, Arizona 85941

Dear Mr. White:

Enclosed is a copy of the Conditional Relinquishment of Enrollment form executed by Sandra Thompson Johnson. Please notify this office when her membership is effective with the White Mountain Apache Tribe so that her name can be removed from the membership roll of the San Carlos Apache Tribe.

Sincerely,

*Nona Sachawana*  
Tribal Operations Specialist

Enclosure

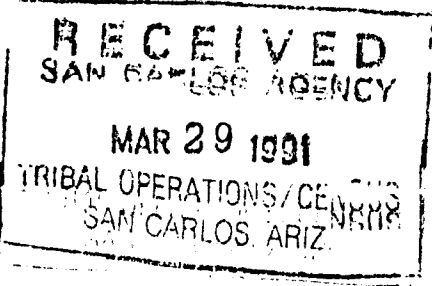
CONDITIONAL RELINQUISHMENT OF ENROLLMENT

I, Dandra T Johnson, DOB: 7-17-47, hereby relinquish my membership and all rights or title to any privileges or benefits which I may have had as a member of the San Carlos Tribe of Indians, Census No. \_\_\_\_\_,

CONDITIONED UPON my acceptance as a member of the Whitemountain Apache Tribe.

If such enrollment is not approved, this relinquishment is not effective. I am making this relinquishment in order to be enrolled with the Whitemountain Apache Tribe of Indians with which I am eligible for membership. I am making this relinquishment voluntarily and I understand that I will no longer be considered a member of the

San Carlos Apache Tribe if accepted as a member of the Whitemountain Apache Tribe, or be entitled to any of the benefits or privileges accorded other members of that Tribe.



Dandra T. Johnson  
(signature)  
Box 193  
Cibegue, AZ 85911

WITNESSES:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

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

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

STATE OF Arizona

COUNTY OF Gila

Subscribed and sworn before me this 29th day of March 1991.

Beverly Boag  
Notary Public

Box 209, San Carlos, AZ 85550  
Address

My Commission Expires December 2, 1991.

Received By: Tom  
Date: 04-12-91

APPLICATION FOR ENROLLMENT WITH THE  
WHITE MOUNTAIN APACHE TRIBE

NAME Sandra T Johnson SOCIAL SECURITY NO. 557-68-0701 SEX F

Indian, Maiden or other name by which you are known: Sandra Thompson

DATE OF BIRTH: 7-17-47 Degree White Mountain Apache Indian Blood 1/2 Degree other Indian Blood \_\_\_\_\_

Does your name appear on the January 01, 1938 Census of the White Mountain Apache Tribe? YES \_\_\_\_\_ NO X

If YES, name by which you are listed \_\_\_\_\_ Roll No. \_\_\_\_\_  
If NO, name, roll number, relationship to ancestor on roll:

ANCESTOR Rupert Thompson ROLL NO. \_\_\_\_\_ RELATIONSHIP Father

\*\*\*\*\*

TRACE ANCESTRY TO ANCESTOR ON BASIC ROLL OF JANUARY 01, 1938

FATHER: Rupert Thompson Degree White Mountain Apache Indian Blood 3/4 Degree other Indian Blood \_\_\_\_\_

Enrolled with another Tribe? YES \_\_\_\_\_ NO X If YES, Name of Tribe \_\_\_\_\_

FATHER'S father Henry Thompson FATHER'S mother Donna  
Degree White Mountain Apache Indian Blood \_\_\_\_\_ Degree other Indian Blood \_\_\_\_\_

MOTHER Alice Harney Degree White Mountain Apache Indian Blood 1/2 Degree other Indian Blood 1/2

Enrolled with another Tribe? YES X NO \_\_\_\_\_ If Yes, Name of Tribe San Carlos

MOTHER'S father Frank Gasser MOTHER'S mother Grace (Kossay) Riley

\*\*\*\*\*

C E R T I F I C A T I O N

I HEREBY CERTIFY THAT Sandra T. Johnson, for whom this application is being made, IS \_\_\_\_\_ IS NOT X an adopted child and IS X IS NOT \_\_\_\_\_ a direct decendent by blood of a member of the White Mountain Apache Tribe.

DA : 4-12-91 SIGNATURE OF APPLICANT Sandra T Johnson

To be completed by person filing application in behalf of a minor, mental incompetent, older person in need of assistance, or member of the Armed Forces.

K O N A A

5 April 1991

Sandra T. Johnson  
P. O. Box 193  
Cibecue, AZ 85911

White Mountain Apache Tribe  
Whiteriver, AZ 85941

Dear Sir:

I am currently requesting disenrollment from the San Carlos Apache Tribe to be enrolled with the White Mountain Apache Tribe. My father, Rupert Thompson, is a member of the White Mountain Apache Tribe and resides in East Fork. I have been living at Cibecue for the past 18 years with my husband, Graham Johnson, and two sons.

In closing, I would like to be enrolled with the White Mountain Apache Tribe to be with my family. I have confidence in the Tribe in assisting me in the future. Your cooperation is greatly appreciated.

Thank you,



Sandra T. Johnson

CONDITIONAL RELINQUISHMENT OF ENROLLMENT

I, Dandra T Johnson, DOB: 7-17-47, hereby relinquish my membership and all rights or title to any privileges or benefits which I may have had as a member of the San Carlos Tribe of Indians, Census No. \_\_\_\_\_, CONDITIONED UPON my acceptance as a member of the Whitemountain Apache Tribe. If such enrollment is not approved, this relinquishment is not effective. I am making this relinquishment in order to be enrolled with the Whitemountain Apache Tribe of Indians with which I am eligible for membership. I am making this relinquishment voluntarily and I understand that I will no longer be considered a member of the San Carlos Apache Tribe if accepted as a member of the Whitemountain Apache Tribe, or be entitled to any of the benefits or privileges accorded other members of that Tribe.

Dandra T. Johnson  
(signature)

Box 193  
Cibague, AZ 85911

WITNESSES:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

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

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

STATE OF Arizona

COUNTY OF Gila

Subscribed and sworn before me this 29th day of March 1991.

Beverly Boaz  
Notary Public

Box 209, San Carlos, AZ 85550  
Address

My Commission Expires December 2, 1991.

CERTIFICATE AMENDED  
SEE NOTATION

Child's first name amended by affidavit of the registrant and the registrant's son, recorded 1-15-70 crw (67-23607)

CERTIFICATE OF BIRTH  
Department of Commerce  
Bureau of the Census

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 201  
Registrar's No. 189

1. PLACE OF BIRTH: *Gila*  
(a) County *Gila* (b) City or Town *Miami* (c) Location *Miami, Inapuation Top*  
(If outside city limits also write RURAL) (St. and No. (or) Name of Institution)
- (d) Length of Mother's Stay Prior to Delivery: In Hospital or Institution *3 hours* in this Community *3* yrs. *3* mos. days
2. USUAL RESIDENCE of Mother:  
(a) State *Arizona* (b) County *Gila* (c) City or Town *Claypool* (d) Street No. *Prober Canyon*  
(If outside city limits also write RURAL)
3. FULL NAME of Child *Sandra Joseph Thompson* DATE OF BIRTH *7-17*, 19*47*  
(If child not named leave space for given name)
5. Sex *female* 6. Twin or triplet - If so, born 1st, 2nd or 3rd *1st* 7. Number of months of pregnancy *9 mo*

FATHER OF CHILD

MOTHER OF CHILD

8. Full name *Rupert Thompson* 15. Full maiden name *Alice Gasser*  
White  Indian  Negro  16. Age at time of this birth *34* years White  Indian  Negro  17. Age at time of this birth *34* years
9. Race: Oriental  18. Race: Oriental
11. Birthplace *White River, Arizona* 19. Birthplace *San Carlos, Arizona*  
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)
12. Occupation *Teaching plant* 20. Occupation *Housewife*  
(Trade, profession or kind of work) (Trade, profession or kind of work)
- Industry or business *Inapuation Copper Co.* 21. Industry or business *Housework*  
(General nature and name of) (General nature and name of)
14. Residence *Prober Canyon, Miami, Ariz* 22. Residence *Prober Canyon, Miami, Ariz*  
(General nature and name of) (General nature and name of)
21. Children born to this mother, including this child:  
(a) How many other children of this mother are now living? *2*  
(b) How many other children were born alive but are dead? *0*  
(c) How many children were born dead? *0*
23. I hereby certify that I attended the birth of this child who was born alive at the hour of *6:30 PM* on the date above stated and that the information given was furnished by *Mrs. Alice Thompson* related to this child as *mother*  
Attendant's signature *Mrs. Alice Thompson* M. D., midwife, or other *midwife* Date (and) *7-22-47*  
Address *Miami, Ariz*
24. Date received by local registrar *July 22, 1947*
25. Registrar's signature *W. H. D. [Signature]*

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA )  
COUNTY OF MARICOPA ) ss

Date Issued: JAN 15 1971

This copy is a true and exact reproduction of the document officially registered and placed on file in the DIVISION OF VITAL RECORDS, ARIZONA STATE DEPARTMENT OF HEALTH, PHOENIX, ARIZONA.

Issued under the authority of ARS 36-341 and by direction of:

LOUIS C. KOSSUTH, M. D.  
Commissioner of Health

*Fred T. Salem*  
FRED T. SALEM  
Deputy State Registrar

THIS COPY NOT VALID UNLESS PREPARED ON SAFETY PAPER DISPLAYING STATE SEAL IN COLOR AND IMPRESSED WITH RAISED SEAL OF THE DIVISION OF VITAL RECORDS



# Your Social Security Card

Detach your card and sign it immediately.  
Carry it in your purse or wallet.  
Keep *this* part with your other important papers.

*Sandra T. Johnson*  
557-66-0701  
SANDRA T. JOHNSON



SANDRA T. JOHNSON  
BOX 710  
CLAYFOOL, ARIZONA 85532

THE STATE OF ARIZONA }  
COUNTY OF GILA } ss.

THESE PRESENTS are to authorize and license any regular licensed or ordained Minister of the Gospel, Judge of a Court of Record or Justice of the Peace within the County of Gila to join in marriage:

*Rupert Thompson*, age *28* years, and *Alice Hansen*, age *30* years, and to certify the same according to law.

WITNESS my hand and official seal this *11* day of *March*, A. D., 194*4*.

(SEAL) *J. W. Wentz*  
Clerk of the Superior Court.

By \_\_\_\_\_  
Deputy Clerk.

### Marriage Certificate

THE STATE OF ARIZONA }  
COUNTY OF GILA } ss.

I Do Hereby Certify That:

*Rupert Thompson* and *Alice Hansen*

Were Joined In Marriage

by me at *Wolfe*, in the County of Gila on the *11th* day of *March*, 194*4*

*Alice Hansen* Bride. *Rupert Thompson* Groom.

Witnesses:

*Frank Bayback*  
*Carl Bayback*

\_\_\_\_\_  
Minister, Judge of a Court of Record, Justice of the Peace.

### CERTIFICATE OF RECORD

I hereby certify that the within instrument was filed and recorded at the request of *Rupert Thompson* at *10:15* P. M., in Book 11 of Marriages, Page *430*.  
Witness my hand and official seal, the day and year aforesaid.

(SEAL) \_\_\_\_\_  
Clerk of the Superior Court. *W. A. ...* Deputy Clerk.

5-8



# White Mountain Apache Tribe

P.O. BOX 700  
WHITERIVER, ARIZONA 85941

April 09, 1991

Sandra T. Johnson  
P.O. Box 193  
Cibecue, AZ 85911

Dear Mrs. Johnson:

To be eligible for enrollment with the White Mountain Apache Tribe, the enrollee must possess one-half (1/2) White Mountain Apache blood.

I have enclosed an enrollment application for you to complete and returned to our office. Along with the application we need your Social Security Card, Certified Birth Certificate or Baptismal Record, Marriage License or Paternity from your parents.

After we received all the documents I will then present it to the Enrollment Committee, and at the next Enrollment meeting we will invite you to our enrollment meeting for a hearing. After the final decision I will then present it to the Tribal Council, for their approval.

You are eligible for enrollment, but it will take awhile to process this enrollment application. If you should have additional data, please contact our office at 338-4346. ext. 293.

Sincerely,

A handwritten signature in cursive script that reads "Dell D. White".

Dell D. White, Director  
Office of Vital Records  
WHITE MOUNTAIN APACHE TRIBE

Enclosure