

**APPLICANT INFORMATION:**

|                               |   |             |              |                                |       |
|-------------------------------|---|-------------|--------------|--------------------------------|-------|
| Name of Registered Applicant: | _____                                     | _____       | _____        | Applicant's Social Security #: | _____ |
|                               | Last                                      | First       | Middle       |                                |       |
| Applicant's Address:          | _____                                     |             |              | Mailing Address                | _____ |
|                               | Home Address (House # / Street / Village) |             |              |                                |       |
| Applicant's Contact #:        | Home: _____                               | Work: _____ | Other: _____ |                                |       |

**PROPERTY INFORMATION:**

|                       |       |                           |       |                       |       |
|-----------------------|-------|---------------------------|-------|-----------------------|-------|
| Property Lot Number:  | _____ | Property Tract or Estate: | _____ | Area (Square Meters): | _____ |
| Location of Property: | _____ |                           |       |                       |       |

**CLAIMANT (ORIGINAL LANDOWNER) INFORMATION:**

|  |   |             |              |                                       |       |
|--|---|-------------|--------------|---------------------------------------|-------|
| Person Claimed Holding Ancestral Title (Claimant): | _____                                     | _____       | _____        | Applicant's Relationship to Claimant: | _____ |
|  | Last                                      | First       | Middle       |                                       |       |
| If Claimant is living please provide:              |   |             |              |                                       |       |
| Claimant's Address:                                | _____                                     |             |              | Mailing Address                       | _____ |
|  | Home Address (House # / Street / Village) |             |              |                                       |       |
| Claimant's Contact #:                              | Home: _____                               | Work: _____ | Other: _____ |                                       |       |

**REQUIRED DOCUMENTS TO BE SUBMITTED:**

- \_\_\_\_\_ Sworn Affidavit that:
  - \_\_\_\_\_ ancestral title has not been extinguished in relation to any part of the land claimed.
  - \_\_\_\_\_ all of the statements made in the application are true.
  - \_\_\_\_\_ includes all information known to the applicant about interest in relation to any of the land or water concerned that are held by persons other than as ancestral title holders.
- \_\_\_\_\_ Evidence of heirship.
- \_\_\_\_\_ A detailed description and map, if available, of the area over which the ancestral title is claimed.

|   |
|---|
| <b>FOR GUAM ANCESTRAL LANDS COMMISSION USE ONLY - DO NOT MARK</b> |
| <b>Date of Submittal:</b> _____                                   |
| <b>Application Received by:</b> _____                             |
|   |
|   |

\_\_\_\_\_  
**Applicant - please PRINT name**

\_\_\_\_\_  
**Applicant - please SIGN and DATE**