

ANC _____

Roll Number _____

BQ _____



DELAWARE TRIBE OF INDIANS
5100 Tuxedo Blvd.
Bartlesville, OK 74006
www.delawaretribe.org
918-337-6583

Chet Brooks, Chief
Bonnie Jo Griffith, Asst. Chief

APPLICATION FOR TRIBAL ENROLLMENT

Last Name First Name Middle Name

Other Name if born with other than above, including aliases

Street Address/P.O. Box City County State Zip

Date of Birth Birthplace Gender M { } F { } Social Security #

Work Phone Home Phone Other Indian Blood

Yes{ } No{ } Have you ever enrolled with or are you enrolled with another tribe? If so, what tribe.

Yes{ } No{ } Have you ever been issued a Federal Certificate Degree of Indian Blood (CDIB)?

Yes{ } No{ } Is the applicant adopted? If yes, provide documentation to native ancestor. All information shall remain confidential.

Ancestors on the 1906 per capita roll through whom tribal enrollment rights are claimed. (Please list all lineal ancestors on the 1906 roll, complete the family tree chart located on the back of the form, attach necessary sheets to show lineage to the ancestor if needed).

{ } Y { } N Has the applicant submitted application previously? If yes, give date(s) of application _____

{ } Y { } N Do you object to the Applicants name appearing on the Resolution for Tribal Enrollment, which is a public document?

I, HEREBY CERTIFY AND ATTEST THAT THE INFORMATION & STATEMENTS GIVEN FOR THE PURPOSE OF DELAWARE TRIBE ENROLLMENT, ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Applications that contain purposefully incorrect information will be ineligible for enrollment or may be dis-enrolled)

Signature (Parents must sign for children under 18 years of age. Other persons may sign for a minor or disabled person if legal documentation is submitted)
Applications will be considered invalid if signed by a Minor and/or Not Notarized on this Legal Tribal Document.

Date: _____

State of _____

County of _____

On _____, 20____, _____ personally appeared before me, whose identity I proved on the basis of _____ to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

(Seal)

Notary Public

My commission expires

The completed application for tribal enrollment must include the following information:

Please note that *complete* applications could take six to twelve weeks for processing.

- 1.) An original or certified state, federal or tribal, full image birth certificate. (photocopies of this document cannot be accepted, hospital certificates are not allowed)
- 2.) Copies of enrollment cards from another tribe, if any.
- 3.) Certificate of Degree of Indian Blood, if any for parent or applicant.
- 4.) Copy of current Driver's License of the Notarized Signee.
- 5.) Copy of Social Security Card of Applicant.
- 6.) Passport Size/Style photo of Applicant.
- 7.) Any relevant court orders regarding paternity or adoptions. All information will remain confidential.

For Office Use Only	
Date Received	_____
Acknowledgment Sent:	_____
Information Requested:	_____
In House Birth Certificate Date	_____
Initials of Recipient:	_____

Please fill out all requested information. You must list all ancestors for names and roll numbers.
 KEY TO ABBREVIATIONS:
 D.O.B. = DATE OF BIRTH
 D.O.D. = DATE OF DEATH

APPLICANT'S NAME _____
 DATE OF BIRTH _____

FATHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

MOTHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GRANDFATHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GRANDMOTHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GRANDFATHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GRANDMOTHER:
 Tribe & Roll No: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GREAT GRANDFATHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GREAT GRANDMOTHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GREAT GRANDFATHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GREAT GRANDMOTHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDFATHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDMOTHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDFATHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDMOTHER:
 TRIBE & ROLL NUMBER: _____
 D.O.B. _____ D.O.D. _____

PATERNAL GREAT GREAT GRANDFATHER TRIBE & ROLL # _____

PATERNAL GREAT GREAT GRANDMOTHER TRIBE & ROLL # _____

PATERNAL GREAT GREAT GRANDFATHER TRIBE & ROLL # _____

PATERNAL GREAT GREAT GRANDMOTHER TRIBE & ROLL # _____

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MATERNAL GREAT GREAT GRANDFATHER TRIBE & ROLL # _____

MATERNAL GREAT GREAT GRANDMOTHER TRIBE & ROLL # _____



APPLICATION FOR DELAWARE TRIBE OF INDIANS PHOTO IDENTIFICATION CARD

First card is free of charge. Replacement cards will cost \$10.00.

Name _____
first middle last maiden

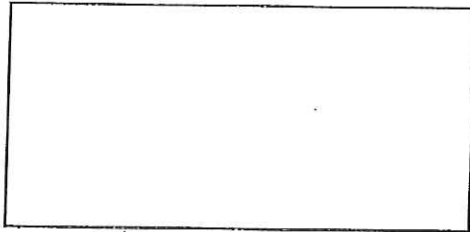
Address _____

City _____ State _____ Zip _____ Daytime Phone# _____

Date of Birth _____ Gender M F Social Security # _____

Veteran Y N If yes branch and years of service _____

**Due to identity theft issues, a photocopy of another current photo ID (example: passport, driver's license or state issued id card) must be submitted with this application.*



In presence of a notary public sign at left in black ink within the defined area only using a felt tip pen or fine black sharpie if possible.

Check for Non Photo ID

Please include a current passport photo with full name written on back. Photo will not be returned. If improper photo is sent a Non Photo ID will be issued.

Minor children are normally issued NON PHOTO IDS. If a photo ID is issued to a minor please be aware it will expire in 4 years.

- 1.) COMPLETE all fields of the application.
- 2.) ATTACH copies of other appropriate forms of identification and current passport photo with your full name written on back of photo.
- 3.) NOTARIZE Signing of this application should be witnessed by a notary public. If applicant under 18 parent or guardian must also submit id and sign indicating consent to issue photo identification.

(Printed name and signature of authorized guardian of above named minor)

Date

4.) MAIL application and documentation to:

Delaware Tribe of Indians - ID office * 5100 Tuxedo Blvd * Bartlesville, OK 74006

-----to be completed by notary public-----

State of _____ County of _____
Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature _____

My Commission expires _____ Commission # _____

Notary Seal