

Office use only

ANC \_\_\_\_\_

Roll Number \_\_\_\_\_

BQ \_\_\_\_\_



DELAWARE TRIBE OF INDIANS  
5100 Tuxedo Blvd.  
Bartlesville, OK 74006  
www.delawaretribe.org  
918-337-6590

Chet Brooks, Chief  
Bonnie Jo Griffith, Assist. Chief

**APPLICATION FOR TRIBAL ENROLLMENT**

Last Name	First Name	Middle Name	Suffix
Other Name if born with other than above, including aliases			
Street Address/P.O. Box	City	County	State
		Gender M { } F { }	Zip
Date of Birth	Birthplace	Social Security #	
Email	Phone Number	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 \_\_\_\_\_

**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 (If under 18 years of age Parent or Guardian must sign) \_\_\_\_\_ 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.) Photo Copy of current Driver's License or other photo ID of Signator
- 5.) Copy of Social Security Card.
- 6.) 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 names and roll numbers.  
KEY TO ABBREVIATIONS:  
D.O.B. = DATE OF BIRTH  
D.O.D. = DATE OF DEATH

FATHER:
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. _____

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. _____

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PATERNAL GREAT GREAT GRANDMOTHER
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PATERNAL GREAT GREAT GRANDFATHER
Tribe & Roll #

PATERNAL GREAT GREAT GRANDMOTHER
Tribe & Roll #

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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

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

MATERNAL GREAT GRANDFATHER:
Tribe & Roll Number: _____
D.O.B. _____ D.O.D. _____

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Tribe & Roll Number: _____
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Tribe & Roll #

MATERNAL GREAT GREAT GRANDMOTHER
Tribe & Roll #

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

