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

Initials of Recipient:

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 Gender M	County { } F { }	State	Zip		
Date of Birth	Birthplace		-	Social Security #		
Email	Phone Number		Othe	Other Indian Blood		
res{ } No{ } Have you ever enrolled	d with or are you enrolled with another tribe? If	f so, what tribe.				
Y { }N Has the applicant submitted,	n, attach necessary sheets to show lineage to adaptication previously? If yes, give date(s) of ATTEST THAT THE INFORMATELLMENT, ARE CORRECT AND	f application	1ENTS GIVEN	FOR THE PURPOSE O		
	contain purposefully incorrect information					
		Date:				
Signature (If under 18 years of age Pare	ent or Guardian must sign)		E	_		
State of						
County of, 20 ,		t identity I	1 the begin o	~		
	personally appeared befor it, and he/she acknowledged that he/she signed i	re me, whose identity i it.	proved on the basis o	f		
(Seal)	#8 1000 Contracting Contract C					
(Scal)	Notary Public	My con	ımission expires			
	leted application for tribal enrollme e note that <i>complete</i> applications could					
75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Solved as tribal Gallius as Link and Ganta	(abatasanias a Cibia da	cument cannot be acc	epted, hospital certificates are no		
 An original or certified state allowed) 	e, rederal or tribal, <u>flui image birin certificate</u> .	(photocopies of this do				
allowed) 2.) Copies of enrollment cards f	from another tribe, if any.	(photocopies of this do		T-05-11-01-0		
allowed) 2.) Copies of enrollment cards f 3.) Certificate of Degree of Indi		(photocopies of this do		For Office Use Only		
allowed) 2.) Copies of enrollment cards f 3.) Certificate of Degree of Indi 4.) Photo Copy of current Drive 5.) Copy of Social Security Card	from another tribe, if any. ian Blood, if any for parent or applicant. er's License or other photo ID of Signator rd.	8	ofidantial	Date Received		
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KEY TO ABBREVIATIONS:
D.G.S. & DATE OF SIRTH;
D.O.D. = DATE OF DIRTH; 0.00 0.00 Tribo & Mail No: Tribe & Roll Mo: と記述 MOTHER DOE 0,0 E APPLICANTS NAME DATE OF BIRTH

TRIBE & POLL #



APPLICATION FOR DELAWARE TRIBE OF INDIANS PHOTO IDENTIFICATION CARD

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

Name	st	middle	last	maiden	
Address					
City	State	Zip	Daytim	e Phone#	
Date of Birth		Gender M_F	Social Se	ecurity#	
VeteranYN I	f yes branch and ye	ars of service			
*Due to identity the current photo ID (a license or state iss. with this application	example: passpor ued id card) mus	rt, driver's	olack d tip	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.	
pire in 4 years. 1.) <u>COMPLETE</u> all fie 2.) <u>ATTATCH</u> copies your full name wr	lds of the applicat of other approp itten on back of of this application	tion. briate forms of iden photo. I should be witnessed	tification an by a notary p	ed to a minor please be aware in the defense of a ware in the description of the defense of the	
4.) <i>MAIL</i> application an	d documentation		,	Date Bartlesville, OK 74006	
		to be completed by no	tary public		
te of Co oscribed and sworn to (or affi satisfactory evidence to be th	ounty of irmed) before me on (this day of		, proved to me o	
ary Public Signature Comission expires	Commission #			Notary Seal	