

ANC \_\_\_\_\_

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

BQ \_\_\_\_\_



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

**Chet Brooks, Chief**  
**Charles Randall, Assistant 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)

Date: \_\_\_\_\_

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.**

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.
- 8.) \$10 Processing Fee.

For Office Use Only

Date Received \_\_\_\_\_

Acknowledgment Sent: \_\_\_\_\_

Information Requested: \_\_\_\_\_

In House Birth Certificate Date \_\_\_\_\_

Initials of Recipient: \_\_\_\_\_

Please list all lineal ancestors back to the 1906 roll and attach necessary sheets showing lineage.

## Delaware Tribe Of Indians

5 Gen Tree

Family Tree Chart for:





# Application for Delaware Tribe of Indians Membership Verification Card

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

For Inquiries Please call 918-337-6590

Name \_\_\_\_\_  
first middle last maiden

Address \_\_\_\_\_

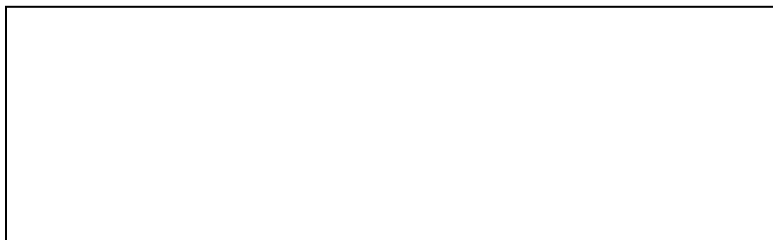
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F Social Security # \_\_\_\_\_

Tribal Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Veteran \_\_\_\_ Y \_\_\_\_ N If yes, Branch 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 above within the defined area  
using a felt tip pen or fine black sharpie if possible.

If Photo ID requested please  
include current passport photo.  
Photo will not be returned.

Minors only may opt for no  
photo. ☐

Check for no photo

*\*Special rules apply to members whom are under age 18. Please contact the enrollment department for details  
before submitting this application.\**

- 1.) COMPLETE all fields of this application. **Incomplete applications** will not be processed.
- 2.) ATTACH copies of other appropriate forms of identification and current photo (Details listed above) with your full name written on back of photo.
- 3.) NOTARIZE Signing of this application must be witnessed by a notary public. If applicant is under the age of 18, special rules apply please contact the enrollment department.

\_\_\_\_\_  
(Printed name and signature of authorized guardian of above 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 be on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission # \_\_\_\_\_