



Chet Brooks
Chief

DELAWARE TRIBE OF INDIANS

Enrollment Department

5100 Tuxedo Blvd.

Bartlesville, OK 74006

www.delawaretribe.org

918-337-6570 or 918-337-6583

Email: enrollment@delawaretribe.org

Fax: 918-337-6540



Charles Randall
Assistant Chief

CHECKLIST FOR TRIBAL ENROLLMENT

ALL INFORMATION WILL REMAIN CONFIDENTIAL

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

Complete applications must include the following:

- 1) _____ An original or certified state, federal, or tribal **full image birth certificate**.
Birth and/or death certificates of ancestors may also be required.
Photocopies of this document cannot be accepted
Hospital certificates are not allowed
- 2) _____ Copy of enrollment card(s) from other tribe, if any.
- 3) _____ Copy of Certificate of Degree of Indian Blood (CDIB), if any, for parent or applicant.
- 4) _____ Copy of Social Security Card of Applicant.
- 5) _____ Passport size photo of Applicant.
- 6) _____ Relevant court orders regarding paternity or adoption.
- 7) _____ Copy of current photo ID - driver's license, state ID, passport, etc.
- 8) _____ \$10 Processing Fee

Please sign **both** the **signature line** verifying information and the **signature box** for the photo ID in the presence of a notary.



ANC _____ Roll # _____ BQ _____

| Document | Date | Initials | Document | Date | Initials |
|--------------------|------|----------|--------------------|------|----------|
| Application Rec'd: | | | Info. Requested: | | |
| Ackn. Letter Sent: | | | Birth Cert. Rec'd: | | |



APPLICATION FOR TRIBAL ENROLLMENT

Charles Randall
Assistant Chief

| | | | | | |
|--|--|--|--|--------------------|-----|
| Last Name | | First Name | | Middle Name | |
| | | | | | |
| Other Name(s) – indicate maiden | | Date of Birth | | Place of Birth | |
| | | | | | |
| Street | | City | | State | Zip |
| | | | | | |
| County | | Phone # | | Phone # | |
| | | | | | |
| Email | | | | | |
| | | | | | |
| Gender | | Social Security # | | Other Indian Blood | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has applicant ever enrolled with another tribe? Which one? _____ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is applicant currently enrolled with another tribe? Which one? _____ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has applicant ever been issued a Certificate Degree of Indian Blood (CDIB)? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has applicant been adopted? If yes, please provide documentation. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has applicant previously submitted application? If yes, please provide date: _____ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permission for applicant's name to appear on Tribal Resolution (public document)? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is applicant a veteran? If yes, please provide branch and years of service: _____ | | | |

*In presence of
notary, applicant
(if 18 or over)
must sign within
box at right using
a black sharpie
for photo ID.*

*Please attach a
current passport-size
photo here (if 18 or
over) with full name
written on back.
Photo will not be
returned.*

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

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

Signature of Applicant (if 18 or over)/Parent/Legal Guardian

State of _____ County of _____
Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary
My Commission Expires _____

Delaware Tribe of Indians



DOB = Date of Birth
DOD = Date of Death
BR = Base Roll

| | | | | |
|---|---|--|--|--|
| | | | | <div>Great -grandfather: DOB: DOD: Tribe:</div> |
| | | | <div>Grandfather: DOB: DOD: Tribe:</div> | <div>Great - grandmother: DOB: DOD: Tribe:</div> |
| | <div>Father: DOB: DOD: Tribe:</div> | | <div>Grandmother: DOB: DOD: Tribe:</div> | <div>Great -grandfather: DOB: DOD: Tribe:</div> |
| | | | | <div>Great - grandmother: DOB: DOD: Tribe:</div> |
| <div>Applicant DOB: DOD: Tribe:</div> | | | <div>Grandfather: DOB: DOD: Tribe:</div> | <div>Great -grandfather: DOB: DOD: Tribe:</div> |
| | | | | <div>Great - grandmother: DOB: DOD: Tribe:</div> |
| | <div>Mother: DOB: DOD: Tribe:</div> | | <div>Grandmother: DOB: DOD: Tribe:</div> | <div>Great -grandfather: DOB: DOD: Tribe:</div> |
| | | | | <div>Great - grandmother: DOB: DOD: Tribe:</div> |