

Seminole Nation of Oklahoma



TRIBAL ENROLLMENT
POST OFFICE BOX 1498
WEWOKA, OKLAHOMA 74884-1498

APPLICATION FOR AMENDMENT OF CDIB CARD

I AM REQUESTING MY CERTIFICATE OF DEGREE OF INDIAN BLOOD BE
AMENDED FOR THE FOLLOWING REASON:

NAME: _____
(First) (Middle) (Last) (Maiden Name)

ADDRESS: _____
(Street Address or PO Box)

(City) (State) (Zip Code)

TRIBE(S): _____ DEGREE OF BLOOD: _____ DOB: _____

What Agency originally issued your CDIB card? _____

(Signature of Applicant or Guardian)

(Date of Application)

Telephone/Message No. : _____