

Seminole Nation of Oklahoma
Tribal Enrollment Office
P.O. Box 1498
Wewoka, OK 74884-1498
(405) 257-7244

REQUEST FOR ENROLLMENT APPLICATION FOR MINOR FREEDMAN CHILD

I, _____, DOB: _____, Social Security No: _____ and
_____, DOB: _____ Social Security No.: _____ being first duly
sworn and under oath, state the following, under penalty of perjury:

1. I/We understand that violation of this oath is subject to criminal prosecution in the Court of Indian Offenses, Bureau of Indian Affairs, Wewoka Agency, and hereby consent to the jurisdiction of said court for said purpose in the event that any statement contained herein is false.

2. I am/We are the parents of _____, DOB: _____, Social Security No.: _____, a minor child. I have legal custody of the child; or I am the legal guardian as shown by the attached court order.

3. I/We understand that I must submit a Social Security Card with an unbroken chain of Original Certified Birth/Death Certificated with a Certified copy of a "PATENT DEED RECORD" from the County Clerk of Seminole County, Wewoka, OK. Roll No., and Name descending from the Final rolls of the Seminole Nation of Oklahoma approved pursuant to Sect. 2 of April 26, 1906 (34 Stat. 137) with this request form to receive an enrollment application. If you do not have **originals**, we will not be able to honor your request. If you have any questions, call (405) 257-7244.

Roll Number: _____ Name: _____ Relationship: _____

4. I/We understand that I/We cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma for the above child named if the child is currently, or has even been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, of any other Federally recognized Native American entity.

5. I further state under penalty of perjury (check one of the following and circle as required):

___ The above named child is not currently nor has the child ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, or any other federally recognized Native American entity. **I (circle one) am am not**, a descendent of, or otherwise eligible for membership with another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

___ The above named child is currently, or in the past the above named child has been a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity. Provide Name of Tribe: _____.

I/We have read and understand the above statements and I/We certify that the facts contained in this request form are true and correct to the best of my/our knowledge and understanding. Any false statement or misrepresentation of the facts will result in this Request for Enrollment Application being denied.

Date: _____

Signature: _____

Address: _____

City/State/Zip: _____

SEAL

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

My Commission Expires: _____

Notary Public _____

(This form is to be Notarized before mailing with all documents, or bring all documents with this form in to be Notarized.)