



Seminole Nation Voter Registration Form



New Registration **Update**

1. Last Name (Print)	First Name (Print)	Middle Name (Print)	Suffix(Jr.,Sr.,etc.)	Phone number: - -
2. Maiden Name (Print)	3. Birth Date Month Day Year	4. Social Security # - -	5. Tribal Band	
6. Mailing address (Street address; Not PO Box)		City	State	Zip Code

7. Choose check the Precinct location you will be voting at:
 -#1 Sasakwa -#2 Mekusukey -#3 Strothers -#4 Oklahoma City -#5 Tulsa

8. Have you been registered before? <input type="checkbox"/> YES <input type="checkbox"/> NO If you marked yes, give as much information about your former registration as you can.			ENROLLMENT OFFICE USE ONLY Enrolled <input type="checkbox"/> YES <input type="checkbox"/> NO Band: _____ Verified By: Date: _____ Name: _____
Former Name (Please print full name, including maiden name if applicable);			
Former Address			
City	State	Zip Code	

9. Oath

Note: Bring your Seminole Nation Enrollment when voting.

I swear or affirm that:

- The information above is true and correct to the best of my knowledge.
- I affirm I am 18 years of age or older.
- I am not enrolled with any other federally recognized tribe.

X _____
Signature or Mark of Applicant

Date

If someone helped you fill out this application, give name and address:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Return the completed application to the Election Board Office located at Mekusukey Mission (or via mail - see address above) or at the Enrollment office location at the Seminole Complex.