

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

REQUEST FOR ENROLLMENT APPLICATION FORM FOR MINOR CHILD

(Please check one of the following: Single Parent, Married, Common Law, or Separated.)

I, _____, DOB: _____, Social Security No.: _____,

& _____, DOB: _____, Social Security No.: _____,

being first duly sworn 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; Biological parent must be known to be identified with the Seminole Nation of Oklahoma.
3. I / WE understand that a CDIB (Certificate of Degree of Indian Blood) 8x10 Document & a CDIB Card along with an original State Registered Birth Certificate and Social Security Card must be submitted with this request form to receive an enrollment application. If you do not have a CDIB for this child you will need to contact the Bureau of Indian Affairs, Wewoka Agency at P.O. Box 1060, Wewoka, OK 74884 or by calling (405) 257-6259,
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 named child if the child is currently or if the child has ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.
5. I further state under penalty of perjury (**check one of the following & 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 to be Notarized before mailing all documents, or bring all documents with this form in to be Notarized)