



# DELAWARE NATION

P.O. Box 825

Anadarko, OK 73005

Phone (405)247-2448/Fax (405)247-5942

Date Office Received \_\_\_\_\_

## ENROLLMENT APPLICATION CHECKLIST

**IF YOU ARE A MEMBER OF ANOTHER TRIBE PLEASE CONTACT YOUR TRIBAL HEADQUARTERS TO OBTAIN A CONDITIONAL RELINQUISHMENT FORM.**

- 1. Complete the **Tribal Enrollment Application**. Please make sure the application is signed and dated.
  
- 2. If the name on the application differs from the **Birth Name**, please provide documentation of name change i.e. **Marriage License, Divorce Decree, Adoption Papers**.
  
- 3. Complete the **Family Tree** form. This information is for research purposes. Please list the applicant's parents, grandparents and great-grandparent's.
  
- 4. All applicants are required to submit an **Original State Birth Certificate**. All birth certificates submitted by mail will promptly be returned by certified mail. Hospital, county, city, commonwealth and parish birth certificates will not be accepted.
  
- 5. Copy of applicant's **Social Security Card**. Social Security card must show applicant's current legal name.
  
- 6. All applicants must possess Delaware Blood through their biological parent(s). All adoption decrees must be submitted with application.
  
- 7. **Indian Blood**: If the applicant possesses blood from another **Federally Recognized Tribe**, please list **tribes** on the family tree form for accurate calculation of Indian Blood.



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## ENROLLMENT APPLICATION

Name \_\_\_\_\_ Other names AKA \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Is the applicant adopted?  Yes  No If yes, please attach a copy of adoption papers or other legal documents pertaining to adoption with application

Give the name and allotment # of the Delaware allottee(s) or brother/sister of the Delaware allotted ancestor through whom eligibility for enrollment is claimed. \_\_\_\_\_

Allottee Number \_\_\_\_\_ Relationship of the allottee(s) to you \_\_\_\_\_

Name of natural parent(s) who is a member of the Delaware Nation \_\_\_\_\_

Is applicant enrolled in another tribe?  Yes  No If yes, what Tribe? \_\_\_\_\_

Eligible to be enrolled in another tribe  Yes  No If yes, what Tribe? \_\_\_\_\_

Have you received land or money as an enrolled member of another tribe?  Yes  No

Can your address be released for Delaware Nation mail outs?

Can your address and/or phone number be released to eligible election candidates?

\_\_\_\_\_  
**Applicant signature (legal guardian)**

\_\_\_\_\_  
**Date**

### OFFICE USE ONLY

Applicant eligible for enrollment? Yes No

Date: \_\_\_\_\_

\_\_\_\_\_  
Chairman, Citizenship Committee

\_\_\_\_\_  
Citizenship Committee Member

\_\_\_\_\_  
Vice-Chairman, Citizenship Committee

\_\_\_\_\_  
Citizenship Committee Member

\_\_\_\_\_  
Secretary, Citizenship Committee

Denied  Approved  Date Enrolled \_\_\_\_\_

\_\_\_\_\_  
**President, Delaware Nation** **Date**

\_\_\_\_\_  
**Secretary, Delaware Nation** **Date**

