

Received By: \_\_\_\_\_

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

# IOWA TRIBE OF OKLAHOMA Application for Enrollment

All questions must be answered in order to process the application for enrollment  
PLEASE PRINT

ORIGINAL CERTIFIED BIRTH CERTIFICATE MUST BE SUBMITTED WITH APPLICATION WILL NOT BE RETURNED

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Current Last Name First Name Middle Name Phone Number

Mailing Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Applicant's Degree of Blood Claimed**

**Applicant must have 1/16th or more Iowa Indian Blood**

Iowa Tribe: \_\_\_\_\_ Other: \_\_\_\_\_ Total Degree of Indian Blood: \_\_\_\_\_  
Give Degree Give Degree and Tribe

Is either parent enrolled as a member of another tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, which tribe? \_\_\_\_\_

Is applicant a direct lineal descendent of a member of this tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is applicant enrolled with another tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, which tribe? \_\_\_\_\_

Is applicant an adopted child \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, attach certified copy of Court Decree

Has applicant received a payment or any other benefits as an enrolled member of another Tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answered yes, please specify \_\_\_\_\_

**Parent on roll of the Iowa Tribe of Oklahoma through the whom enrollment rights are claimed**

Name: \_\_\_\_\_ Roll # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Original Allottee of the Iowa Tribe of Oklahoma through whom enrollment rights are claimed**

Name: \_\_\_\_\_ Roll # \_\_\_\_\_ Relationship: \_\_\_\_\_

### Constitution and Bylaws of the Iowa Tribe of Oklahoma

**Section I. The membership of the Iowa Tribe of Oklahoma shall consist of the following persons who have not elected to be enrolled with another Tribe or have not received a share of land or money by virtue of having been enrolled as a member of another Tribe. All direct lineal descendants of Iowa of Oklahoma allottees who possess one-sixteenth (1/16) or more degree of Iowa of Oklahoma Indian blood, who have one parent who is a recognized member of the Iowa Tribe of Oklahoma and who apply for membership after the effective date of this amendment.**

I certify that the above information is true and correct to the best of my knowledge; and grant full permission to the Iowa Tribe for the use and release of information obtained through Local, State, National, and Tribal Agencies for enrollment purposes

\_\_\_\_\_  
Signature of Applicant, Legal Parent or Guardian

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Approval Date: _____	_____	<b><u>Reason for Denial:</u></b>
Resolution #: _____	_____	_____ No Parent on roll
	_____	_____ Less than 1/16 Iowa Blood
	_____	_____ Listed on another tribal roll
_____	_____	_____
<b>ENROLLMENT SPECIALIST</b>		<b>DATE</b>