

IOWA TRIBE OF OKLAHOMA

Application for Enrollment

Date Received _____

All questions must be answered in order to
process application of enrollment

PLEASE PRINT

Name: _____

Current Last Name

First

Middle

Maiden Birth Name

Other

Mailing Address: _____

Street

City

State

Zip

Birth Date: _____ Birth Place: _____ Social Security #- _____

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

Original Allottee through whom enrollment rights are claimed

Name: _____ Roll #- _____ Relationship: _____

Parent on roll through whom enrollment rights are claimed:

Name: _____ Roll #- _____ Relationship: _____

Applicant's Degree of Blood Claimed

Applicant must have 1/8 or more Iowa Indian Blood to qualify

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 parent and with what tribe? _____ Tribe

Is applicant an adopted child? _____ Yes _____ No If yes, attach certified copy of Court Decree.

Is applicant enrolled with another tribe? _____ Yes _____ No If yes, which tribe. _____

Is applicant a direct lineal descendent of a member of the tribe? _____ Yes _____ No

Iowa Tribe of Oklahoma does not allow dual or plural enrollment

I certify that the above information is true and correct to the best of my knowledge.

Signature of Applicant, Legal Parent or Guardian

Date

FOR OFFICE USE ONLY

Approval Date: _____

Resolution #- _____

Reason for Denial:

_____ No parent on roll

_____ Less than 1/8 Iowa Blood

_____ Listed on another tribal roll

ENROLLMENT CLERK

DATE