

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Enrollment Application

**MUST BE LINKED BY BIRTH CERTIFICATE TO AN ORIGINAL ALLOTTEE OR BROTHER/SISTER OF AN ALLOTTEE**  
**Amendment I effective March 6, 1976**

### **REQUIREMENTS**

All applications are submitted to:

- Citizenship Committee reviews the Enrollment Office's research for each application
- Citizenship Committee makes a recommendation to the Executive Committee
- Executive Committee approves and denies all applications

### **REQUIRED DOCUMENTS**

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

- Complete the **Tribal Enrollment Application**. Please make sure the application is signed and dated.
- 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**.
- Complete the **Family Tree** form. This information is for research purposes. Please list the applicant's parents, grandparents and great-grandparents.
- All applicants are required to submit a **copy** of the **Original State Birth Certificate**. **All copies must be legible**. Hospital, county, city, commonwealth and parish birth certificates will not be accepted. **NOTE: NO DOCUMENTS WILL BE RETURNED.**
- Copy of applicant's **Social Security Card**. Social Security card must show applicant's current legal name.
- All applicants must possess Absentee Delaware Indian Blood through their biological parent(s). All adoption decrees must be submitted with application.
- Indian Blood**: If the applicant possesses blood from another **Federally Recognized Tribe**, please list **tribes** on the family tree form. **PROVIDE COPIES OF APPLICANT'S PARENTS TRIBAL IDENTIFICATION CARD**

**PLEASE NOTE: NO DOCUMENTS WILL BE RETURNED**

For more information contact Kelly Line, Enrollment Director ([kline@delawarenation.com](mailto:kline@delawarenation.com))



# DELAWARE NATION

PO Box 825  
Anadarko, OK 73005  
Phone (405)247-2448/Fax (405)247-5942

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

## Enrollment Application

**MUST BE LINKED BY BIRTH CERTIFICATE TO AN ORIGINAL ALLOTTEE OR BROTHER/ SISTER OF AN ALLOTTEE**

**Amendment I effective March**

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 citizenship is claimed. \_\_\_\_\_

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

Name of natural parent(s) who is a citizen 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 benefits, land or money as an enrolled member of another tribe?  Yes  No

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY - DELAWARE NATION CITIZENSHIP COMMITTEE**

Applicant eligible for enrollment? Yes  No

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

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

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

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

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

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

**EXECUTIVE COMMITTEE**

Denied  Approved

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

\_\_\_\_\_  
President, Delaware Nation

\_\_\_\_\_  
Secretary, Delaware Nation

