ENROLLMENT 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 03/06/76

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 the <u>Original State Certified Birth Certificate</u> . 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, GRANDPARENTS, ETC., BIRTH CERTIFICATES AND TRIBAL CDIB
PLEASE NOTE: NO DOCUMENTS WILL BE RETURNED
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Applications may be submitted to Enrollment@delawarenation-nsn.gov, mailed, faxed (405)247-5942, or dropped off at the Delaware Nation complex.



President, Delaware Nation

Date Office Received	
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Enrollment Application

MUST BE LINKED BY BIRTH CERTIFICATE TO AN ORIGINAL ALLOTTEE OR BROTHER/ SISTER OF AN ALLOTTEE Amendment I effective 03/06/76

Name	Other names AKA		Male Female					
Address	City	State	Zip					
Birth date Age	Social Security #		Phone					
Is the applicant adopted? Yes			of adoption papers or other g to adoption with application					
Give the name and allotment # of the Delaware through whom eligibility for citizenship is claim		ther/sister of the Delawar	e allotted ancestor					
Allottee Number	Relationship o	of the Allottee(s) to you						
Name of natural parent(s) who is a citizen of th	e Delaware Natior	ı						
Is applicant enrolled in another tribe? Eligible to be enrolled in another tribe?	Yes No	If yes, what Tribe? If yes, what Tribe?						
Yes No Have you received benefits, land or money as an enrolled member of another tribe? (This Includes services and payments rendered under Covid-19/ARPA funding). I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on(Date)								
Applicant signature (legal guardian)		Date						
OFFICE USE ON	LY - DELAWARE N	ATION CITIZENSHIP COM	MITTEE					
Applicant eligible for enrollment? Y	es No	Date:						
Chairman, Citizenship Committee		Citizenship Comm	nittee Member					
Vice-Chairman, Citizenship Committee		Citizenship Comm	nittee Member					
Secretary, Citizenship Committee								
	EXECUTIVE (COMMITTEE						
Denied Approved Da	te Enrolled							

Secretary, Delaware Nation

If applicants parents or grandparents are not		GREAT-GRANDFATHER	GR/GR/GRANDFATHER	GR/GR/GR-GRANDFATHER	G/G/G/G-GRANDFATHER	
members of the tribe, please enclose copies					, ,	
of their birth certificates.		GRANDFATHER	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
Applicant must submit Original State Certified						
Birth Certificate. No Docs		TRIBE/BLOOD DEGREE	GREAT-GRANDMOTHER	GR/GR-GRANDMOTHER	GR/GR/GR-GRANDMOTHER	G/G/G/G-GRANDMOTHER
Returned						
	FATHER		TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
	TRIBE/BLOOD DEGREE		GREAT-GRANDFATHER	GR/GR/GRANDFATHER	GR/GR/GR-GRANDFATHER	G/G/G/G-GRANDFATHER
		GRANDMOTHER				
			TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
		TRIBE/BLOOD DEGREE				
		TRIBL/BLOOD BLOKEL	GREAT-GRANDMOTHER	GR/GR-GRANDMOTHER	GR/GR/GR-GRANDMOTHER	G/G/G/G-GRANDMOTHER
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APPLICANT	-		TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
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TRIBE/BLOOD DEGREE	<u>.</u>		GREAT-GRANDFATHER	GR/GR/GRANDFATHER	GR/GR/GR-GRANDFATHER	G/G/G/G-GRANDFATHER
		GRANDFATHER	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
		TRIBE/BLOOD DEGREE	GREAT-GRANDMOTHER	GR/GR-GRANDMOTHER	GR/GR/GR-GRANDMOTHER	G/G/G/G-GRANDMOTHER
	MOTHER		TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
	TRIBE/BLOOD DEGREE		GREAT-GRANDFATHER	GR/GR GRANDFATHER	GR/GR/GR-GRANDFATHER	G/G/G/G-GRANDFATHER
		GRANDMOTHER	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
		TRIBE/BLOOD DEGREE	GREAT-GRANDMOTHER	GR/GR GRANDMOTHER	GR/GR/GR-GRANDMOTHER	G/G/G/G-GRANDMOTHER
		TRIBLI BLOOD BLOKEL	GREAT GIVINDITION INC.	SIY SIX SIX NOTION THEIR	STY STY STY STYNING THER	S, S, G, G GIVANDINO HER
		-	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE	TRIBE/BLOOD DEGREE
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