

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)



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

