



Seminole Nation of Oklahoma  
Tribal Enrollment Office  
P.O. Box 1498  
Wewoka, OK 74884-1498  
(405) 257-7244

**REQUEST FOR ENROLLMENT APPLICATION FOR MINOR CHILD**

Please check one of the following:  Single Parent  Married  Common Law, or  Separated

I, \_\_\_\_\_, DOB: \_\_\_\_\_, Social Security No: \_\_\_\_\_ and  
\_\_\_\_\_, DOB: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ being first duly  
sworn and under oath, state the following, under penalty of perjury:

1. I/We understand that violation of this oath is subject to criminal prosecution in the Court of Indian Offenses, Bureau of Indian Affairs, Wewoka Agency, and hereby consent to the jurisdiction of said court for said purpose in the event that any statement contained herein is false.

2. I am/We are the parents of \_\_\_\_\_, DOB: \_\_\_\_\_, Social Security No.: \_\_\_\_\_, a minor child. I have legal custody of the child; or I am the legal guardian as shown by the attached court order; biological parent must be known to be identified with the Seminole Nation tribe of Oklahoma.

3. I/We understand that a CDIB (Certificate of Degree of Indian Blood) 8x10 Document and a CDIB card along with an original State Registered Birth Certificate and Social Security Card **must** be submitted with this request form to receive an enrollment application. If you do not have a CDIB for this child, call the Enrollment Office at the above telephone number for an application.

4. I/We understand that I/We cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma for the above child named if the child is currently, or has even been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, of any other Federally recognized Native American entity.

5. I further state under penalty of perjury (check one of the following and circle as required):

The above named child is not currently nor has the child ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, or any other federally recognized Native American entity. **I (circle one) am am not**, a descendent of, or otherwise eligible for membership with another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

The above named child is currently, or in the past the above named child has been a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity. Provide Name of Tribe: \_\_\_\_\_.

**I/We have read and understand the above statements and I/We certify that the facts contained in this request form are true and correct to the best of my/our knowledge and understanding. Any false statement or misrepresentation of the facts will result in this Request for Enrollment Application being denied.**

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

SEAL

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public \_\_\_\_\_

(This form is to be Notarized before mailing with all documents, or bring all documents with this form in to be Notarized.)