

SEMINOLE NATION OF OKLAHOMA
ENROLLMENT OFFICE
P.O. BOX 1498
WEWOKA, OKLAHOMA 74884
(405)257-7244

REQUEST FOR ADULT ENROLLMENT APPLICATION FORM

I, _____, DOB: _____, SS# _____, being first
duly sworn under oath, state the following, under penalty of perjury:

1. I 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 understand that I must submit a Certificate Degree of Indian Blood 8x10 and card with this request form along with an original state registered Birth Certificate and Social Security Card to receive the Enrollment Application. If you do not have a CDIB, please contact the Bureau of Indian Affairs, Wewoka Agency at P.O. Box 1060, Wewoka, Oklahoma 74884 or by calling (405)257-6259.
3. I understand that I cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma if I am currently or if I have ever been, a member of another Indian tribe, nation, band, pueblo, rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

4. I further state under penalty of perjury (check one of the following):

I am not currently nor have I 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)!ill.. 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.

I am currently, or in the past I have 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 have read and understand the above statement and I certify that the facts contained in this request form are true and correct to the best of my knowledge and understanding. Any false statement or misrepresentation of the facts will result in my membership application being denied.

Date

Signature of Applicant

Address

City State Zip

IF BY MAIL, PLEASE HAVE IT NOTARIZED AND IF NOTARIZED IN OFFICE, THE APPLICANT MUST SIGN BEFORE THE NOTARY.

Subscribed and sworn to before me this _____ day of _____, 2008

SEAL

My Commission expires: _____
Notary Public