TRIBAL ENROLLMENT APPLICATION
OF THE EASTERN SHAWNEE TRIBE OF OKLAHOMA
ATTN: VITAL STATISTICS OFFICE
10100 S. BLUEJACKET RD., STE. 1
WYANDOTTE, OK 74370

COMPLETE FRONT AND BACK PLEASE!

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Social Security # ____/____/_____
(Required for ID Card)

Sex: _____ Male _____ Female Birth Date _____

Is Applicant an Adopted Child? _____ Yes _____ No

Name of Person Filing Application _____

Mailing Address _____

City _____ State _____ Zip _____

Relationship to Applicant _____

Is Applicant Enrolled With Another Tribe? ____ Yes ____ No If Yes, Name of Other Tribe

_____

If Yes, Name as Listed on That Roll _____

ONE OR MORE OF THE FOLLOWING DOCUMENTS IS REQUIRED FOR VERIFICATION: INCOMPLETE APPLICATIONS WILL BE RETURNED.

____ STATE CERTIFIED BIRTH CERTIFICATE-ORIGINAL
(Contains parentage information, the state seal, a state file number, and the state registrars signature.)

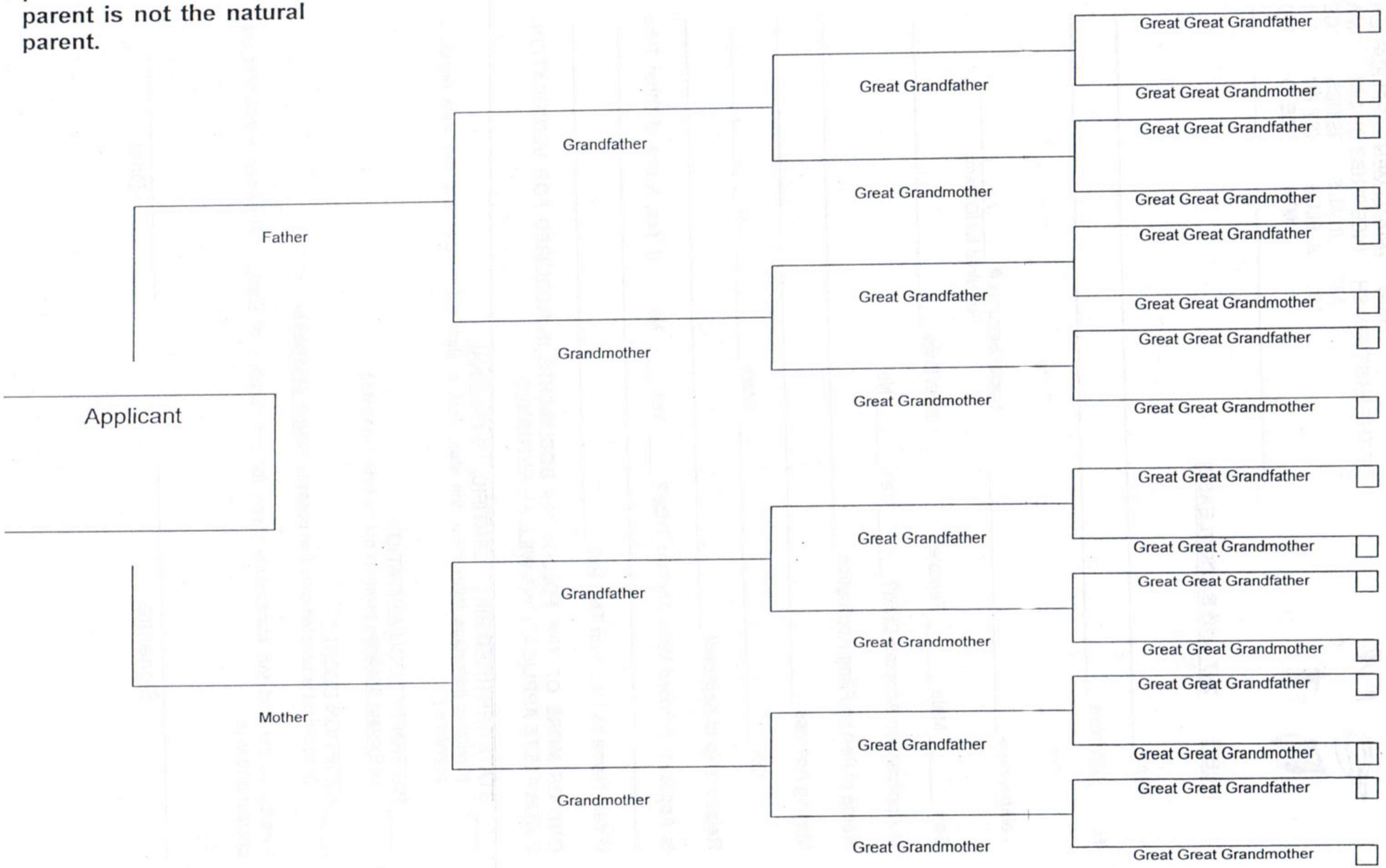
____ PATERNITY DOCUMENTATION
(If Eastern Shawnee parent is not on birth certificate.)

____ ADOPTION DECREE
(If applicant is adopted child that possess Eastern Shawnee blood.)

I herby certify that the statements given for the purpose of Eastern Shawnee enrollment are correct and true.

_____ _____
Signature Date

*Please indicate if other parent is non-Indian or if parent is not the natural parent.



PRIVACY ACT NOTIFICATION:
Any enrollment information will remain confidential.