

**KAW TRIBE OF OKLAHOMA
APPLICATION FOR ENROLLMENT**

NAME: _____ MALE [] FEMALE []
INDIAN, MAIDEN OR OTHER NAME _____
BY WHICH YOU ARE KNOWN: _____
ADDRESS: _____ PHONE: _____

(City) (State) (ZIP) (County)

COPY OF BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

DATE OF BIRTH _____ PLACE OF BIRTH _____ SOCIAL SECURITY _____

(City) (State)

GIVE THE NAME OF THE KAW ALLOTTEE(S) ANCESTOR THROUGH WHOM ENROLLMENT IS CLAIMED: _____

ALLOTTEE(S) # _____ WHAT RELATIONSHIP ARE YOU TO ALLOTTEE? _____

DEGREE OF KAW INDIAN BLOOD CLAIMED: _____

DO YOU POSSESS INDIAN BLOOD OF ANOTHER INDIAN TRIBE? YES [] NO []

NAME OF OTHER TRIBE(S) _____

DEGREE OF OTHER TRIBE(S) BLOOD _____

ARE YOU ENROLLED AS A MEMBER OF ANOTHER INDIAN TRIBE? YES [] NO []

IS APPLICANT AN ADOPTED CHILD? YES [] NO []

IF YOU ARE A MEMBER OF ANOTHER INDIAN TRIBE, HAVE YOU RECEIVED BENEFITS IN LAND OR MONEY BY VIRTURE OF SUCH ENROLLMENT? YES [] NO []

FAMILY RECORD

NAME OF THE APPLICANT'S WIFE/HUSBAND: _____

NAME OF INDIAN TRIBE AND DEGREE OF BLOOD OF WIFE/HUSBAND: _____

APPLICANT'S CHILDREN: (A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD)

DATE SIGNED _____

SIGNATURE OF ADULT APPLICANT:
IF UNDER 18 YEARS OF AGE, SIGNATURE
OF PARENT OR LEGAL GUARDIAN.

*****DO NOT WRITE BELOW THIS LINE*****

RECOMMENDATIONS BY THE ENROLLMENT
COMMITTEE

SIGNATURE OF THE TRIBAL
ENROLLMENT COMMITTEE:

[] APPROVAL: We the Tribal
Enrollment Committee have
Reviewed and designated the
Application for approval.

[] Rejected because: _____

DATE OF MEETING _____

Print the names of your Indian ancestors on the lines provided with the name of the tribe and degree of Indian blood.

FAMILY TREE CHART

COMPLETE AND RETURN TO:
 KAW TRIBE OF OKLAHOMA
 TRIBAL ENROLLMENT
 P.O. BOX 50
 KAW CITY, OK 74641

Applicant's Name _____
 Tribe: _____
 Degree of Blood: _____
 Date of Birth: _____

*****OFFICE USE ONLY*****
 DESCENDENT: _____
 FAMILY #: _____
 RELATIONSHIP TO ALLOTTEE: _____
 MOTHER'S ID #: _____
 FATHER'S ID #: _____

