

**KAW NATION  
APPLICATION FOR ENROLLMENT**

NOTICE: APPLICANT HAS NINETY DAYS TO COMPLETE OR SUBMIT NEW APPLICATION  
APPLICANT WILL BE FINED \$500.00 FOR ANY FALSE OR UNTRUE INFORMATION

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NAME: \_\_\_\_\_ MALE [ ] FEMALE [ ]

INDIAN, MAIDEN OR OTHER NAME BY WHICH YOU ARE KNOWN: \_\_\_\_\_

TELEPHONE: (     ) - \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)

**ORIGINAL BIRTH CERTIFICATE AND SOCIAL SECURITY CARD COPY  
MUST BE SUBMITTED WITH THIS APPLICATION.**

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

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

ALOTTEE(S) # \_\_\_\_\_ WHAT RELATION SHIP ARE YOU TO ALOTTEE? \_\_\_\_\_

DEGREE OF INDIAN BLOOD CLAIMED: \_\_\_\_\_

DO YOU POSSESS INDIAN BLOOD OF A FEDERALLY RECOGNIZED INDIAN TRIBE? YES [ ] NO [ ]

NAME OF OTHER TRIBE(S): \_\_\_\_\_

DEGREE OF OTHER TRIBE(S) BLOOD: \_\_\_\_\_

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

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

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

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FAMILY RECORD

NAME OF THE APPLICANT'S WIFE/HUSBAND: \_\_\_\_\_

NAME OF THE INDIAN TRIBE AND DEGREE OF BLOOD OF WIFE/HUSBAND: \_\_\_\_\_

APPLICANT'S CHILDREN: (SEPARATE APPLICATION REQUIRED 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\*\*\*\*\*

RECOMMENDATION 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: \_\_\_\_\_

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**FAMILY TREE CHART**

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

COMPLETE AND RETURN TO:  
 KAW NATION  
 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 #: \_\_\_\_\_

Father  
 Tribe: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Mother  
 Tribe: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Grandfather  
 Tribe: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Grandmother  
 Tribe: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandfather  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandmother  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandfather  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandmother  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandfather  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandmother  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandfather  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Grandmother  
 Tribe: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.

Great-Grandmother  
 Tribe & Degree: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Roll #: \_\_\_\_\_  
 D.O.D.