

KAW NATION
APPLICATION FOR ENROLLMENT

NOTICE: APPLICANT HAS NINETY DAYS TO COMPLETE OR SUBMIT NEW APPLICATION

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)

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 []

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
SIGNATURE OF THE TRIBAL
ENROLLMENT COMMITTEE:

*****DO NOT WRITE BELOW THIS LINE*****
RECOMMENDATION BY THE ENROLLMENT COMMITTEE:
[] APPROVAL: We the Tribal Enrollment Committee have Reviewed and designated the Application for approval.
[] Rejected because: _____

DATE OF MEETING: _____

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 #: _____

KT-FAMCHT.TRI
 880108-01

Father
 Tribe: _____
 Degree: _____
 D.O.B. _____
 Roll #: _____
 D.O.D.

Grandfather
 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.

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.

Mother
 Tribe: _____
 Degree: _____
 D.O.B. _____
 Roll #: _____
 D.O.D.

Grandfather
 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.

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.