



DELAWARE NATION

PO Box 825

Anadarko, OK 73005

PH: (405)247-2448 FAX: (405)247-5942

ENROLLMENT APPLICATION CHECKLIST

IF YOU ARE A MEMBER OF ANOTHER TRIBE PLEASE CONTACT YOUR TRIBAL HEADQUARTERS TO OBTAIN A CONDITIONAL RELINQUISHMENT FORM.

- Complete the **Tribal Enrollment Application**. Please make sure the application is signed and dated.
- If the name on the application differs from the **Birth Name**, please provide documentation of name change i.e. **Marriage License, Divorce Decree, Adoption Papers**.
- Complete the **Family Tree** form. This information is for research purposes. Please list the applicant's parents, grandparents and great-grandparent's.
- All applicants are required to submit an **Original State Birth Certificate**. All birth certificates submitted by mail will promptly be returned by certified mail. Hospital, county, city, commonwealth and parish birth certificates will not be accepted.
- Copy of applicant's **Social Security Card**. Social Security card must show applicant's current legal name.
- All applicants must possess Delaware Blood through their biological parent(s). All adoption decrees must be submitted with application.
- Indian Blood:** If the applicant possesses blood from another **Federally Recognized Tribe**, please list **tribes** on the family tree form for accurate calculation of Indian Blood. **PROVIDE COPIES OF APPLICANT'S PARENTS TRIBAL IDENTIFICATION CARDS.**



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Date Office Received _____

Date Of Enrollment _____

Enrollment Application

MUST BE AT LEAST 1/8TH ABSENTEE DELAWARE BLOOD TO ENROLL

Name _____ Other names AKA _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Is the applicant adopted? Yes No If yes, please attach a copy of adoption papers or other legal documents pertaining to adoption with application

Give the name and allotment # of the Delaware allottee(s) or brother/sister of the Delaware allotted ancestor through whom eligibility for enrollment is claimed. _____

Allottee Number _____ Relationship of the allottee(s) to you _____

Name of natural parent(s) who is a member of the Delaware Nation _____

Is applicant enrolled in another tribe? Yes No If yes, what Tribe? _____

Eligible to be enrolled in another tribe Yes No If yes, what Tribe? _____

Have you received benefits, land or money as an enrolled member of another tribe?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can your address be released for Delaware Nation mail outs?	<input type="checkbox"/>		<input type="checkbox"/>	
Can your address and/or phone number be released to eligible election candidates?	<input type="checkbox"/>		<input type="checkbox"/>	

Applicant signature (legal guardian)

Date

OFFICE USE ONLY

Applicant eligible for enrollment? Yes No

Date: _____

Chairman, Enrollment Committee

Enrollment Committee Member

Vice-Chairman, Enrollment Committee

Enrollment Committee Member

Secretary, Enrollment Committee

Denied Approved Date Enrolled _____

President, Delaware Nation

Secretary, Delaware Nation