



**Brad KillsCrow**  
*Chief*

## DELAWARE TRIBE OF INDIANS

Enrollment Department

5100 Tuxedo Blvd.

Bartlesville, OK 74006

[www.delawaretribe.org](http://www.delawaretribe.org)

918-337-6570 or 918-337-6583

Email: [enrollment@delawaretribe.org](mailto:enrollment@delawaretribe.org)

Fax: 918-337-6540



**Tonya Anna**  
*Assistant Chief*

### **CHECKLIST FOR TRIBAL ENROLLMENT**

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Please note that *complete* applications may take six to twelve weeks for processing.

Complete applications must include the following:

- 1)  An original or certified state, federal, or tribal ***full image birth certificate***.  
Birth and/or death certificates of ancestors may also be required.  
**Photocopies of this document cannot be accepted**  
**Hospital certificates are not allowed**
- 2)  Copy of enrollment card(s) from other tribe, if any.
- 3)  Copy of Certificate of Degree of Indian Blood (CDIB), if any, for parent or applicant.
- 4)  Copy of Social Security Card of Applicant.
- 5)  Passport size photo of Applicant.
- 6)  Relevant court orders regarding paternity or adoption.
- 7)  Copy of current photo ID - driver's license, state ID, passport, etc.
- 8)  \$10 Processing Fee

**Please sign *both* the *signature line* verifying information and the *signature box* for the photo ID in the presence of a notary.**



Brad KillsCrow  
Chief

Document	Date	Initials	Document	Date	Initials
Application Rec'd:			Info. Requested:		
Ackn. Letter Sent:			Birth Cert. Rec'd:		



ANC \_\_\_\_\_ Roll # \_\_\_\_\_ BQ \_\_\_\_\_

Tonya Anna  
Assistant Chief

**APPLICATION FOR TRIBAL ENROLLMENT**

Last Name	First Name	Middle Name	
Other Name(s) – indicate maiden	Date of Birth	Place of Birth	
Street	City	State	Zip
County	Phone #	Phone #	
Email			
Gender	Social Security #	Other Indian Blood	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> X			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever enrolled with another tribe? Which one? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant currently enrolled with another tribe? Which one? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been issued a Certificate Degree of Indian Blood (CDIB)? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant been adopted? <b>If yes, please provide documentation.</b> _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant previously submitted application? If yes, please provide date: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Permission for applicant's name to appear on Tribal Resolution (public document)? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant a veteran? If yes, please provide branch and years of service: _____		

*In presence of  
notary, applicant  
(if 18 or over)  
must sign within  
box at right using  
a black sharpie  
for photo ID.*

**Required:**  
Please attach a  
current passport-size  
photo here (if 18 or  
over) with full name  
written on back.  
Photo will not be  
returned.

I HEREBY CERTIFY AND ATTEST THAT THE INFORMATION AND STATEMENTS GIVEN FOR THE PURPOSE OF DELAWARE TRIBE ENROLLMENT ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Applications containing purposefully incorrect information will be ineligible for enrollment or may be dis-enrolled.)

*Signature of Applicant (if 18 or over)/Parent/Legal Guardian*

State of \_\_\_\_\_ County of \_\_\_\_\_  
Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

*Notary*  
My Commission Expires \_\_\_\_\_

# Delaware Tribe of Indians



DOB = Date of Birth

DOD = Date of Death

BR = Base Roll

<i>Applicant</i> DOB: DOD:      Tribe:		<i>Father:</i> DOB: DOD:      Tribe:		<i>Grandfather:</i> DOB: DOD:      Tribe:		<i>Great -grandfather:</i> DOB: DOD:      Tribe:	
				<i>Grandmother:</i> DOB: DOD:      Tribe:		<i>Great - grandmother:</i> DOB: DOD:      Tribe:	
				<i>Great -grandfather:</i> DOB: DOD:      Tribe:		<i>Great - grandmother:</i> DOB: DOD:      Tribe:	
<i>Mother:</i> DOB: DOD:      Tribe:		<i>Grandfather:</i> DOB: DOD:      Tribe:		<i>Great -grandfather:</i> DOB: DOD:      Tribe:		<i>Great - grandmother:</i> DOB: DOD:      Tribe:	
				<i>Grandmother:</i> DOB: DOD:      Tribe:		<i>Great -grandfather:</i> DOB: DOD:      Tribe:	
						<i>Great - grandmother:</i> DOB: DOD:      Tribe:	