



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 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

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