

QUAPAW TRIBE OF OKLAHOMA

P.O. Box 765
Quapaw, OK 74363-0765

(918) 542-1853
FAX (918) 542-4694

INSTRUCTIONS FOR ENROLLMENT APPLICATION

- Must provide the original **state certified birth certificate** of the person applying for enrollment into the Quapaw Tribe. **The original birth certificate will remain on file at the Tribal Office. COPIES WILL NOT BE ACCEPTED!**
- Hospital Birth Certificates are no longer accepted.
- Application must be completed and signed in ink.
- For ALL minor children, the Custodial Parent or Legal Guardian **must** sign for the child.
- If the applicant is OVER the age of 18, they are required to complete and sign the application.
- Please **DO NOT** send an incomplete application. If all required information or documentation is not available **DO NOT** submit the application. ALL incomplete applications will be returned to the applicant.

Please mail completed enrollment application and required documents to the following address:

Quapaw Tribe of Oklahoma
Enrollment Department
PO Box 765
Quapaw, OK 74363

If you have any questions, please call our office toll free at 1-888-642-4724 and ask for the Enrollment Department. Our office hours are Monday through Thursday 8:00am-5:00pm and Friday 8:00am-4:00pm.

You can also email us at ksisson@quapawtribe.com.

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APPLICATION FOR MEMBERSHIP TO THE QUAPAW TRIBE OF OKLAHOMA

**ALL APPLICATIONS MUST BE TYPED OR PRINTED IN INK
PLEASE PROVIDE ALL INFORMATION WHERE APPLICABLE**

NAME OF APPLICANT: _____
(Include Maiden Name if Married and a Copy of Marriage Certificate)

MAILING ADDRESS: _____
Street or PO Box City State/ZIP

DOB: _____ SS#: _____ PHONE#: _____

NAME OF QUAPAW TRIBAL PARENT:

FATHER: _____ ROLL# _____

MOTHER: _____ ROLL# _____

GRANDPARENT(S): _____ ROLL# _____

GREAT GRANDPARENT(S): _____ ROLL# _____

GREAT GREAT GRANDPARENT(S): _____ ROLL# _____

Is the Applicant a descendent from any other tribe(s)? YES _____ NO _____

Is the Applicant or any ancestors adopted? YES _____ NO _____

The information contained in the application will be used only for Enrollment purposes and will remain confidential.

By signing this application, you are certifying that the information given is true and accurate.

Date Signature of Applicant (Parent or Guardian) Print Name

RETURN APPLICATION WITH STATE CERTIFIED BIRTH CERTIFICATE

FOR COMMITTEE USE ONLY

Blood Quantum _____

Roll Number _____

Date of Action _____

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REQUEST FOR CDIB

**ALL APPLICATIONS MUST BE TYPED OR PRINTED IN INK
PLEASE PROVIDE ALL INFORMATION WHERE APPLICABLE**

NAME: _____ TRIBE: _____

ADDRESS: _____
Street or PO Box City State/ZIP

DOB: _____ SS#: _____ PHONE# _____

Has Applicant even been issued a CDIB before? YES _____ NO _____

Indian Parent's Name: _____ Tribe: _____
Father

DOB: _____ Roll #: _____

Indian Parent's Name: _____ Tribe: _____
Mother

DOB: _____ Roll #: _____

Is the Applicant on a tribal membership roll? YES _____ NO _____ TRIBE _____

Birth certificate is needed to trace ancestry. Is birth certificate attached to application?

YES _____ NO _____ **(Birth certificate must be state certified)**

The information contained in this application will be used only for the purpose of issuing a Certificate Degree of Indian Blood (CDIB) and will remain confidential.

FOR COMMITTEE USE ONLY

Blood Quantum _____

Roll Number _____

Date of Action _____

Signature of Applicant (Parent or Guardian)

Print Name

KEY TO ABBREVIATIONS:
D.O.B. = DATE OF BIRTH
D.O.D. = DATE OF DEATH

FATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GREAT GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

PATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

PATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

APPLICANT'S NAME _____

DATE OF BIRTH _____

MATERNAL GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

MATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

MATERNAL GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

MATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

MOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDFATHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

MATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

MATERNAL GRANDMOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GRANDMOTHER:

TRIBE & ROLL NO.:

D.O.B. _____ D.O.D. _____

MATERNAL GREAT GREAT GRANDFATHER:

TRIBE & ROLL NO.:

MATERNAL GREAT GREAT GRANDMOTHER:

TRIBE & ROLL NO.: