



Enrollment Packet

-Please follow Instructions Below-

Page 4. and 5. Section C., D., and E. of Membership Ordinance -

Each enrollment application must be completed in its entirety and must contain sufficient personal information to properly determine the applicant's eligibility for enrollment.

Since the burden of proof is on the applicant, the application must be accompanied by the following documentation:

1. Applicant's original state-issued birth certificate.
2. Copy of social security card
3. If the applicant's natural mother was not a tribal member, or if the Absentee Shawnee blood of the father is required for the applicant to have 1/8 Absentee Shawnee blood, one of the following also must accompany the birth certificates:
 - a. a notarized affidavit of paternity signed by both the applicant's mother and father; and a DNA or genetic marker test (obtained at the applicant's sole expense) determining the probability that a specific tribal member is the natural father of the applicant to be not less than 99%; or
 - b. A court order declaring a specific tribal member to be the natural father.
4. Documentation proving the direct descent of each Absentee Shawnee ancestor from a base enrollee if neither the applicant's father nor mother is an enrolled member of the tribe.
5. Relinquishment of membership in any other tribe, band, Indian community of which the applicant is a member.

Additional documentation to accompany application of applicant who is adopted- In addition to those items identified in subsection D above, an applicant who has been adopted must also submit documentation proving that a natural parent is a descendant of a base enrollee. Usually this documentation will consist of a copy of the adoption decree together with either the original birth certificate showing the natural parent(s) or a legal document identifying the natural parent(s). However, a certification from the Secretary of the Interior of his/her authorized representative pursuant to the Indian Child Welfare Act Of 1978 (P.L. 95-608), 25 U.S.C 1901 et seq., shall be conclusive evidence of the relationship to the natural parent(s).

For all other inquiries about membership please refer to the AST membership ordinance.



Absentee Shawnee Tribe of Oklahoma
 Office of Tribal Secretary
 Enrollment Department
 2025 S. Gordon Cooper Drive
 Shawnee, Oklahoma 74801-9381



APPLICATION FOR ENROLLMENT

(ALL INFORMATION MUST BE COMPLETED BEFORE APPLICATION IS VALID)

Applicant's Full Name: _____

Last First Middle Maiden

Mailing Address: _____

Street Address Apt. # P.O. Box

 City State Zip Code () Phone Number

Date of Birth: _____ Social Security # _____

Ancestors on 1937 Base Roll whom enrollment rights are claimed on: _____

Name

 Relationship to Applicant

 Roll No. and / or D.O.B.

Are you enrolled with another Tribe? YES NO
 If so, what Tribe are you enrolled with: _____

Have you received any land or monies from another Tribe as per Section III, Item Q,
 of the Absentee Shawnee Membership Ordinance? YES NO

a. The applicant must provide verifiable, stamped or sealed documentation as to whether he/she has or has not received any land or monies from other tribe(s), from previous enrollment(s). (Must include names, dates, amounts and sources)

Is either of your parents enrolled as a member of another Tribe? YES NO
 If yes, which parent and what Tribe: _____

Is applicant, an Adopted Child? YES NO

Has applicant ever filed an application with the Absentee Shawnee Tribe?
 If so, provide dates: _____ YES NO

Is applicant a Relinquished Tribal Member?
 If so, provide date of Relinquishment & Tribe: _____ YES NO

APPLICANT'S RELATIVES ON FATHER'S SIDE

PATERNAL

Father: _____ DOB or CDIB#: _____
Grandmother: _____ DOB or CDIB#: _____
Grandfather: _____ DOB or CDIB#: _____
G-Grandmother: _____ DOB or CDIB#: _____
G-Grandfather: _____ DOB or CDIB#: _____

APPLICANT'S RELATIVES ON MOTHER'S SIDE

MATERNAL

Mother: _____ DOB or CDIB#: _____
Grandmother: _____ DOB or CDIB#: _____
Grandfather: _____ DOB or CDIB#: _____
G-Grandmother: _____ DOB or CDIB#: _____
G-Grandfather: _____ DOB or CDIB#: _____

APPLICANT'S IMMEDIATE FAMILY

Brother: _____ Sister: _____
Brother: _____ Sister: _____
Brother: _____ Sister: _____
Children: _____ Children: _____
Children: _____ Children: _____
Children: _____ Children: _____

CERTIFICATION

It is criminal offense under Tribal Law to present false or fraudulent information for Enrollment purposes. I, hereby certify that the information is true and correct to the best of my knowledge.

(Applications for minors require the signatures of both parents.)

_____ Signature	_____ Relationship to Applicant	_____ Date
_____ Signature	_____ Relationship to Applicant	_____ Date

Absentee Shawnee Tribe of Oklahoma

Enrollment Department

2025 S. Gordon Cooper Dr.

Shawnee, OK 74801



Enrollment Application ID Form

Must Attach Quality Photo

(Must be able to use for a Passport or State ID)

Please Print Clearly

Name _____

First Middle Last (Including Maiden)

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Home Cell Work _____

X

Signature of the applicant or legal guardian (not to be signed by minor children) _____ Date _____

Print Name _____

Please Note: If not applicant, must put down relationship to applicant.

The Absentee Shawnee Tribe of Oklahoma Enrollment Department has begun issuing new Tribal ID Cards implementing an expiration date with a new layout. This card requires a more improved ID photograph to prevent fraud or misuse. All the same rules apply to this CDIB as stated in the Membership Ordinance.

Photo ID cards are recommended but not required

- The photographs must be:
 - in color, not black and white;
 - taken against a solid light colored background;
 - undamaged, for example; not torn, creased, or marked;
 - taken with your eyes open and clearly visible (with no sunglasses or tinted glasses, and no hair across your eyes);
 - of you facing forward, looking straight at the camera;
 - taken of the full head, without any covering, unless it is worn for religious beliefs or medical reasons;
 - taken with nothing covering your face;
 - be in sharp focus and clear;
 - cannot be from another type of Photo ID;
 - taken within the last 3 months;



Acceptable
Head coverings for religious or medical grounds are allowed



Acceptable
Free from reflection or glare on your glasses, and the frames must not cover your eyes



Good



Not acceptable
The subject is too close to the camera



Not acceptable
The background is not light gray or cream



Not acceptable
Any dummies should be removed before the photo is taken



Not acceptable
The photograph contains more than one person