

APPLICANT'S IMMEDIATE FAMILY

Applicants mothers full name: _____

Date of Birth: _____

Place of Birth: _____

Applicants fathers full name: _____

Date of Birth: _____

Place of Birth: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Children: _____

Children: _____

Children: _____

Children: _____

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AUTHORIZATION FOR RESEARCH

I, _____ hereby authorize the Absentee Shawnee Tribal Secretary's Office to research my family tree. I fully understand that due to the confidentiality of enrollment files, documents and archive records, this information can only be used for myself for the purpose of _____
_____. I also understand that it is a 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. I also understand research is a lengthy process and is done by date received.

Signature

Date