

ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
ENROLLMENT DEPARTMENT
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801
405.481.8650

Enrollment Application Information

- Physical applications must be submitted, we cannot accept this application via email or fax.
- Applications for those eighteen years of age or older must be submitted by the applicant or the applicant's legal guardian-court certified guardianship document is required.
- Applications for those younger than 18 must be submitted by the applicant's parents or legal guardians.
- If your name is different from your birth certificate respective documentation is required.
- The Enrollment Application **MUST** be completed in blue or black ink.
- Applications that are deemed incomplete will be returned along with a letter explaining what is needed to complete the application.

Checklist For Complete Application

All Applicants:

- Complete each space on Enrollment Application
- Applicant's Original State Issued Birth Certificate
- Applicant's Social Security Card-copy is accepted
- Copy of Applicant's state issued ID or driver's license
- Name Change Documents-Marriage License, Divorce Decree, Adoption, Etc. if your name is different than your birth certificate
- Veterans: DD Form 214 for Veteran's CDIB
- Photo for applicants 12 and above-see guidelines below

Minors:

- BOTH** parents must sign the Enrollment Application
- Copy of **BOTH** parent's state issued ID or driver's license
- Notarized True copy of original form of ID form for **BOTH** parents
- Notarized Maternity Affidavit
- Notarized Paternity Affidavit
- Custody Documents, if applicable

Photo Information

All applicants 12 and over must submit a photo for their CDIB Card. Guidelines for photos are plain white background, no hat, no glasses. We can accept the following photos as long as they meet guidelines:

- Passport Photo
- Cell phone photo-emailed to Enrollment@astribe.com

Absentee Shawnee Tribe Enrollment Application

OFFICE USE ONLY:	Roll #:	BQ:
OFFICE USE ONLY-Received Date Stamp:		
Applicant Information		
All sections must be completed-incomplete applications will be returned		
Applicant's Name:		
Date of Birth:	S.S. #:	Gender: Male Female
Address:		
City:	State:	Zip Code:
Phone Number:		Email:
Tribal Name:		Meaning:
Veteran: Yes No DD Form 214 required	Height:	Weight:
Eye color:		
Is the applicant adopted? Yes No	Were any ancestors adopted? Yes No	
Do you possess Tribal blood other than AST? Yes No If yes, list tribe(s) below:		
Have you received land or money (per capita or annuity payments) as an enrolled member of another Tribe? Yes No		
Would you like to be signed up for the Tribe's Monthly Newsletter? Yes No		
↓**Applicants 18+: Signature required in box below**↓		

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN FOR THE PURPOSE OF ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS APPLICATION FOR MEMBERSHIP, I VERIFY ALL INFORMATION PROVIDED IS TRUE AND CORRECT. I UNDERSTAND IT IS A CRIMINAL OFFENSE UNDER TRIBAL LAW TO PRESENT FALSE OR FRAUDULENT INFORMATION FOR ENROLLMENT PURPOSES

SIGNATURE (Required-Self or Parent 1 for minors)

SIGNATURE (Required-Parent 2 for minors)

PRINT NAME (Required-Self or Parent 1 for minors)

PRINT NAME (Required-Parent 2 for minors)

RELATIONSHIP

DATE

RELATIONSHIP

DATE

Lineage Information

Complete the entire chart with names, dates of birth, and Tribal affiliation. If an individual is non-native specify ethnicity.

Applicant's Parents

Mother:	DOB:	Tribe:
Father:	DOB:	Tribe:

Maternal Grandparents

Grandmother:	DOB:	Tribe:
Grandfather:	DOB:	Tribe:

Paternal Grandparents

Grandmother:	DOB:	Tribe:
Grandfather:	DOB:	Tribe:

Maternal Great Grandparents

Maternal Grandmother's Mother:	Tribe:
Maternal Grandmother's Father:	Tribe:
Maternal Grandfather's Mother:	Tribe:
Maternal Grandfather's Father:	Tribe:

Paternal Great Grandparents

Paternal Grandmother's Mother:	Tribe:
Paternal Grandmother's Father:	Tribe:
Paternal Grandfather's Mother:	Tribe:
Paternal Grandfather's Father:	Tribe:

ENROLLMENT VERIFICATION CONSENT

I consent to allow the Absentee Shawnee Tribe of Oklahoma to verify my status as a tribal member or non-member of the Tribe that I have marked in the Tribal background and Family Tree sections of the Enrollment Application. Furthermore, I agree to consent to release documents to other departments within the Absentee Shawnee Tribe Facility that may need documentation to complete applications that may provide a service that I am requesting services for. In addition I agree to consent to release Tribal Enrollment status to various entities requesting verification for official business. This includes but is not limited to: School JOM Programs, College Enrollment offices, Employers for Tax Credit verification, IHS Facilities, and City, County, State, Federal, or Tribal Police.

Signature: _____

Date: _____

VERIFICATION OF NON-ENROLLMENT

I, _____, (print applicant's full name) as a member of the Absentee Shawnee Tribe, hereby swear and affirm that, I am not enrolled and will not enroll as a member of any other state or federally recognized Native American Tribe, Nation Band Pueblo, Rancheria, or Alaska Native Village, or any other federally recognized Native America entity, without first relinquishing my enrollment in the Absentee Shawnee Tribe of Oklahoma by completing a conditional or voluntary relinquishment form to the Enrollment Office.

I further understand that a violation of this oath is punishable by removal from the Absentee Shawnee Tribe membership roll in compliance with the Membership Ordinance Section VII: Loss of Membership (b)(1)(b) which states: (1) *Who may be disenrolled? A tribal member shall be disenrolled when it is discovered that he/she (b) is found to be currently enrolled with another Indian Tribe and does not relinquish the membership in the other tribe within thirty (30) days of receipt of a certified letter from the Secretary of the Absentee Shawnee Tribe informing him/her of the necessity to submit the required relinquishment.*

Signature: _____

Date: _____

TRUE COPY OF ORIGINAL FORM OF IDENTIFICATION

ATTENTION-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE **MUST** BE ATTACHED.

The application will be deemed incomplete and will be returned if this section is not completed by a notary public.

Note-if submitting a minor's application **BOTH** parents **MUST** complete their own True copy of original form of ID form.

I, _____,
(Print Full Name of adult applicant-Minors require guardian or parent #1)

affirm that the identification above is a true and complete copy of the document which it purports to represent.

Signature: _____

Date: _____

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY STAMP

Notary Public Signature

Commission Number: _____

My Commission Expires: _____

TRUE COPY OF ORIGINAL FORM OF IDENTIFICATION

ATTENTION-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE **MUST** BE ATTACHED.

The application will be deemed incomplete and will be returned if this section is not completed by a notary public.

Note-if submitting a minor's application **BOTH** parents **MUST** complete their own True copy of original form of ID form.

I, _____,
(Print Full Name of adult applicant-Minors require guardian or parent #2)

affirm that the identification above is a true and complete copy of the document which it purports to represent.

Signature: _____

Date: _____

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY STAMP

Notary Public Signature

Commission Number: _____

My Commission Expires: _____

AFFIDAVIT OF MATERNITY

ATTENTION-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY

I, _____, born on: _____,
(Print Mother's Full Name) (Mother's Date of Birth)

Of lawful age, being first duly sworn, disposes and says as follows:

I hereby acknowledge I am the biological mother of _____,
(Print Child's Full Name)

Born on _____, in the state of _____,
(Child's Date of Birth) (State Child was Born)

and **NO ADOPTION** has taken place. I understand if I submit any false information, all rights and privileges in the Absentee Shawnee Tribe of Oklahoma will be irrevocably removed.

Date

Biological Mother's Signature

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY STAMP

Notary Public Signature

Commission Number: _____

My Commission Expires: _____

