

Absentee Shawnee Tribe of Oklahoma  
Enrollment Office



**CHECKLIST FOR MEMBERSHIP**

(If the applicant's signature is in the box below, the checklist is required with your application)

☒ **Complete application for Membership**

Applications for those eighteen (18) years of age or older must be signed by the applicant or by the applicant's legal guardian. Applicants less than eighteen (18) years of age shall be submitted only by the applicant's parent(s) or by his/her legal guardian and must be signed by both parents.

☒ **Original State Certified Birth Certificate**

This document will be signed by the State Registrar, embossed with the State Seal and must list the state file number. Birth Certificates will be returned after application is approved/denied. If submitting a Delayed, or Amended Birth and/or Death Certificate, you must include one supporting document that list the parent(s) names, such as Social Security Abstract, School Record, or Probated Will which list the person as an heir.

☒ **\*Social Security Card**

Applicant's card must show birth name *or* current Married/Legal name- may be photocopy.

☒ **\*State Driver's License or State ID**

Color copy of the parent/legal guardian that signed the application for those under the age of 18, if over 18 a color copy of applicants D.L. or I.D.

☒ **Passport photo**—Applicants 12 yrs. and older

☒ **Original Certified Birth Certificate or Original Certified Death Certificate(s)** of your non Enrolled ancestry(s) through whom you are tracing.

☒ **Name Changes** due to Marriage and/or Divorce must be documented with an Original Marriage license or Divorce decree.

☒ **Adoptions** must submit Certified Petition and Final Decree of Adoption and must include a State Certified Birth Certificate. (After Adoption) All information will be kept confidential.

☒ **Veterans** please submit your DD 214 form. This document keeps our records informed of who has served our country.

*\*All color copies must be done on the True Copy of Original Form of Identification Form*

Applicant's (18 & older) signature in box below cannot touch the lines

Absentee Shawnee Tribe of Oklahoma  
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Information-

To insure your Membership application is processed in a timely manner, please follow all instruction carefully. Any deviation from these instructions will delay your membership.

The applicant will need to be prepared to update the last enrolled member(s)' file(s), at the discretion of the Enrollment Director or his/her designees, if it is found that the file is missing essential documents, additionally, in the research process; additional documentation may be requested after the enrollment application and required documents are reviewed

If mother or father of applicant is not enrolled you must submit a **State Certified** Birth and/or Death Certificate(s), for the gaps in generations in the Absentee blood lineage. (1937 AST census is the base enrollees & available on the AST website under the Enrollment tab),

All pages, on the application, that must be notarized must do so in the presence of a notary.

Passport photos (criteria-2x2, white background no Polaroid or professional photos) for more information visit <http://travel.state.gov/content/passports/english/photos/photos.html>. Or look on your cell phone for downloadable passport photo apps.

Completed applications, with the required documents, should be mailed to:

**Absentee Shawnee Tribe of Oklahoma  
Enrollment Department  
2025 S. Gordon Cooper Dr.  
Shawnee, OK 74801**

**REMEMBER:** All incomplete applications will be returned, with a letter informing you of what is needed to complete.

Please help the Enrollment Office update deceased member's information, if your Absentee parent(s) or Absentee grandparent(s) are deceased please submit the death certificate of the member or call the Enrollment office to see if we need Death certificate to change their status.

Make sure that if you have a change of contact information that you please contact the Enrollment Dept. We will be able to forward this information to the Media Department so that maintain your delivery of the monthly newsletter, which keeps you updated on current activities, announcements and upcoming events.

If you have any additional questions, feel free to, contact our office 405-275-4030.



Return to:  
 Enrollment office  
 2025 S. Gordon Cooper Dr.  
 Shawnee, OK 74801

## The Absentee Shawnee Tribe of Oklahoma Enrollment Application

Contact Information:  
 405-275-4030

**(Please complete application in black/blue ink)**  
**(Unless stated otherwise, all blocks must be completed or it's an incomplete application.)**

Name (First, Middle, Last, Maiden):

Date of Birth:	S.S. #:	Sex:      Male              Female
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Is Applicant Adopted? Yes              No	Marital Status:      Single      Married      Widow      Separated	Veteran:      Yes - (See Checklist)
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If the applicant is 18 years or older, does the applicant want the Social Security Number visible on the Citizenship ID Card:      Yes              No

Phone: (      )              -	Were any ancestor's adopted      Yes              No
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(Optional) Email:

**Physical Address (NO P.O. BOX)**

Address:

City:	State:	Zip Code:	County:
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**Mailing Address**

Same as Physical Address:      Yes              No	Address:
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City:	State:	Zip Code:	County:
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**Tribal Background**

Other Indian Blood:      Yes              No	If yes, list tribe(s):
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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 THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT. IT IS A CRIMINAL OFFENSE UNDER TRIBAL LAW TO PRESENT FALSE OR FRAUDULANT INFORMATION FOR ENROLLMENT PURPOSES.

(Other persons may sign for a minor or disabled person if legal documentation is submitted)

\_\_\_\_\_  
**SIGNATURE (Required):** (Both Parents must sign for children under 18).

\_\_\_\_\_  
**SIGNATURE (Required):** (Both Parents must sign for children under 18).

\_\_\_\_\_  
**PRINT NAME (Request):** (Both Parents must sign for children under 18).

\_\_\_\_\_  
**PRINT NAME (Request):** (Both Parents must sign for children under 18).

\_\_\_\_\_  
 RELATIONSHIP TO APPLICANT                      DATE

\_\_\_\_\_  
 RELATIONSHIP TO APPLICANT                      DATE

**LINEAGE CHART**

(If one or both biological parent(s) are enrolled, complete the parent(s) information then STOP)

**KEY:**  
**Maternal - Mother's Side of the Family**                      **D.O.B.: Date of Birth**                      **S.S.#: Social Security Number**  
**Paternal - Father's Side of the Family**                      **D.O.D.: Date of Death**

Parents		
Mother:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	
Father:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	
Maternal Grandparents		
MGMother:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	
MGFather:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	
Paternal Grandparents		
PGMother:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	
PGFather:	D.O.B:	Tribe & Roll#:
S.S. #:	D.O.D:	

**FOR ADDITIONAL SPACE, PLEASE USE BACK OF THIS PAGE**

OFFICE USE ONLY:		
RECEIVED STAMP HERE	RECEIVED STAMP HERE	RECEIVED STAMP HERE

Absentee Shawnee Tribe of Oklahoma  
Enrollment Office



## NO DUAL ENROLLMENT

Absentee Shawnee who are of another American Indian Tribe must sign an oath saying they are not enrolled with another tribe.

I, \_\_\_\_\_, (print applicant's full name) as a member of the Absentee Shawnee decent, hereby swear (or affirm) that, I am not enrolled and will not enroll as a member of any other federally recognized Indian Tribe, Nation Band Pueblo, Rancheria, or Alaska Native Village, or any other federally recognized Indian entity, without first resigning my enrollment in the Absentee Shawnee Tribe of Oklahoma by signing conditional or voluntary relinquish forms.

I further understand that a violation of this oath is punishable by not receiving tribal service.

Signature of Applicant \_\_\_\_\_  
(Parent or legal guardian must sign if applicant is under 18 yrs. old)

Date: \_\_\_\_\_

Absentee Shawnee Tribe of Oklahoma  
Enrollment Office



**ENROLLMENT VERIFICATION CONSENT FORM**

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 section of the Enrollment Application.

Furthermore, I agree to consent to release documents to other departments within the AST Facility that may need documentation to complete applications that may provide a service I am requesting services for.

**Your information will not be shared with third parties outside of the AST Tribe without your permission.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Absentee Shawnee Tribe of Oklahoma  
Enrollment Office



## True Copy of Original Form of Identification(s)

Color copy the form of identification in this Box or on separate page with color-copy of Identification and information below included and must be notarized

I, \_\_\_\_\_, (the adult applicant or parent/legal guardian of the applicant)  
(Print Full Name)

affirm that the identification above or attached 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 Public

NOTARY STAMP

My Commission Expires: \_\_\_\_\_

Absentee Shawnee Tribe of Oklahoma

Enrollment Office



## True Copy of Original Form of Identification(s)

**Color copy the form of identification in this Box or on separate page with color-copy of Identification and information below included and must be notarized**

I, \_\_\_\_\_, (the adult applicant or parent/legal guardian of the applicant)  
(Print Full Name)

affirm that the identification above or attached 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 Public

NOTARY STAMP

My Commission Expires: \_\_\_\_\_

**PATERNITY AFFIDAVIT**

***Notice of Rights and Responsibilities***

1. This is a legal document. By signing this Paternity Affidavit you are acknowledging the identity of the father of the child which will have the same effect of a court order establishing paternity, and can be used as a basis for entering a child support order.
2. The child may have the right to receive benefits as the legal child of the man who signs this Paternity Affidavit. The benefits may include child support, medical insurance, veteran's benefits, social security benefits and the right to inherit.
3. Persons who knowingly supply false information on a Paternity Affidavit will be prosecuted under the law of the Absentee Shawnee Tribe.

***Child's Information***

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

I, \_\_\_\_\_, the biological mother of the above named child,  
Hereby Swear and Affirm, that \_\_\_\_\_ is the biological father of  
the child.

\_\_\_\_\_  
Mother

I, \_\_\_\_\_, Hereby Swear and Affirm that I am the biological  
father of the above named child, and I further acknowledge the rights and responsibilities stated  
above.

\_\_\_\_\_  
Father

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public