



ABSENTTEE SHAWNEE TRIBE OF OKLAHOMA
ENROLLMENT DEPARTMENT
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801
405.481.8650 ♦ Enrollment@astribe.com

Instructions for Descendant Letter

1. Complete the form in its entirety.
2. The bottom portion of this form must be completed in the presence of a notary. This is to verify your identity if we cannot do so in office. A color copy of your state ID or driver's license must accompany the form. ***If you do not have a state ID or driver's license please contact the Enrollment Office for a list of approved documents.***
3. Required Documents: Social security card and birth certificate copies for applicant, birth/death certificates for parents, grandparents to link lineage to last individual enrolled with the Absentee Shawnee Tribe-no exceptions will be made.

HOW TO SUBMIT FORM

Visit the Enrollment office or mail the completed form along with required documents to the following address:

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

-or- email to: Enrollment@astribe.com *If you choose to email these items please scan them as an image or PDF, we cannot accept photos of these items.*

Incomplete forms or forms submitted with photos that do not follow criteria will not be processed and will be returned to the requestor.



ABSENTTEE SHAWNEE TRIBE OF OKLAHOMA
ENROLLMENT DEPARTMENT
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801
405.481.8650 ♦ Enrollment@astribe.com

Descendant Letter Application

Applicant's Information			
Name:		Date of Birth:	
Address:			
City:	State:	Zip:	Phone:
Lineage Information			
Mother:		Tribe:	
Father:		Tribe:	
Maternal Grandmother:		Tribe:	
Maternal Grandfather:		Tribe:	
Paternal Grandmother:		Tribe:	
Ancestor(s) whom AST lineage is/are claimed:			

STOP-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

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 STAMP

Notary Public Signature

My Commission Expires: _____

OFFICE USE ONLY		
Date Received	Last Enrolled Member's Roll Number	Employee Initials