

ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801 Phone (405) 275-4030 ◆ FAX (405) 716-6421

Descendant Letter Application

Required documents for this application: Original birth certificate, Social Security Card, copies of all death and birth certificates that apply for linking individuals, and a copy of your state ID.

Applicant's Full Nam	Last	First	Middle	
failing Address: _				
	Street Address	Apt#	P.O. Box	
_	City	State	Zip Code	
none Number:				
aiden, Indian or Ali	ias:			
ate of Birth:		Place of Birth:		
ncestor(s) whom Ir	ndian roots are claimed	on:		
Relationship			Date of Birth and/or Place of Birth	
	APPLIC	CANT'S IMMEDIATE FA	MILY	
pplicant's mothers	full name:			
		Place of Birth:		
pplicant's fathers fu	ıll name:			
ate of Birth:		Place of Birth:		
I however contifus that the	a information is true and sormest to	the best of my lmoudedge. I also understand	negognah ia a langthu negognand ia dana hu data regained	
I hereby certify that th	e information is true and correct to	o the best of my knowledge. I also understand	research is a lengthy process and is done by date received.	
I hereby certify that th	e information is true and correct to	o the best of my knowledge. I also understand	research is a lengthy process and is done by date received.	
I hereby certify that th	e information is true and correct to	o the best of my knowledge. I also understand	research is a lengthy process and is done by date received.	