

Absentee Shawnee Tribe of Oklahoma
Enrollment Office



Director
Carly Dyer

Enrollment Staff
Melissa Hill

Enrollment Clerk
Kim Little Axe

Enrollment Staff
Shelby Raines

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 Name: _____
Last **First** **Middle**

Mailing Address: _____
Street Address **Apt#** **P.O. Box**

City **State** **Zip Code**

Phone Number: _____

Maiden, Indian or Alias: _____

Date of Birth: _____ Place of Birth: _____

Ancestor(s) whom Indian roots are claimed on: _____

Relationship	Date of Birth and/or Place of Birth

APPLICANT'S IMMEDIATE FAMILY

Applicant's mothers full name: _____

Date of Birth: _____ Place of Birth: _____

Applicant's fathers full name: _____

Date of Birth: _____ Place of Birth: _____

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