Absentee Shawnee Tribe of Oklahoma
Enrollment Office

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