

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)

Must complete application for Membership (must list name(s) of ancestry and roll number)

The application of an applicant, eighteen (18) years of age or older must be signed by the applicant or by the applicant's legal guardian. The application of an applicant less than eighteen (18) years of age shall be submitted only by the applicant's parent or parent's possessing legal custody of the minor or by his/her legal guardian and must be signed by both parents and the person submitting the application.

The person who signs the application is required to enclose a color copy of his/her state ID or state Driver's License. (See True Copy of Original Form of Identification(s) form) Submit Original/Certified Copy of your State Certified Full Image Birth Certificate.

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 a heir.

Submit the Original/Certified Copy of the State Certified Full Image Birth and/or Death Record(s) of your Non Enrolled ancestry(s) through whom you are tracing.

When tracing back to the original enrollee you must submit a State Certified Death Certificate, which must list the Absentee parent(s) as listed on 1937 Base Roll.

Copy of the Applicant's Social Security Card (Must show birth name or current Married/Legal Name) (See True Copy of Original Form of Identification(s) form)

**VETERANS:** Applicants, who are veterans, please submit your DD Form 214. For this document keeps our records informed of who has served our country (See True Copy of Original Form of Identification(s) form)

**Name Changes due to Marriage and/or Divorce** must be documented with an original/certified copy of the marriage license and/or divorce decree or possibly three forms of identification. Contact the Enrollment Office for accepted forms of Identification. **(See Back of Instructions for Legal Name Change)**

**ADOPTIONS:** Must submit certified copy of Petition and Final Decree of Adoption and must include a State Certified Full Image Birth Certificate. (After Adoption)

\*For applicants 18 yrs. old and above, please enclose a PASSPORT photo of yourself as well as a legible copy of your State Driver's License or State ID. (Photo Criteria: color, 2"x2", white background) (NO Polaroid or Professional Photos) **Applicant's signature is required in the box.**

\*For applicants 12 to 17 yrs. old, please enclose a PASSPORT photo of yourself as well as a legible color copy of the State Driver's License or State ID of the parent/legal guardian that signed the application. (Photo Criteria: color, 2"x2", white background) (NO Polaroid or Professional Photos) **Applicant's signature is required in the box.** (See True Copy of Original Form of Identification(s) form)

\*Applicant's signature cannot touch the lines\*

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Enrollment Office



INSTRUCTIONS

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

- 1) Complete the application for membership. List the name(s) of your ancestor(s) & roll number(s) from the 1937 Base Roll.
- 2) The applicant will need to be prepared to update the last enrolled member(s)' file(s) from their direct lineage at the discretion of the Director/Manager or his/her designees.
- 3) Attach your Original **STATE CERTIFIED, FULL IMAGE OF THE ORIGINAL BIRTH RECORD**. This document will be signed by the State Registrar, embossed with the State Seal and must list the state file number. All originals will be returned after they are reviewed.
  - 3)I. If you are submitting a “**delayed**” or amended birth certificate and/or **death certificate**, you must include one supporting document that lists the parents’ names, such as a social security abstract, a school record, or a probated will which lists the person as an heir.
  - 3) II. **CAUTION:** Hospital, city and county birth certificates are **NOT** acceptable. Computer generated, abstracted or transcribed birth certificates are **NOT** acceptable. You will need to order the record directly from the State Vital Statistics Office and specifically request a **STATE CERTIFIED, FULL IMAGE OF THE ORIGINAL BIRTH RECORD**. Photocopies are **NOT** accepted. All originals will be returned after they are reviewed.
- 4) Submit State Certified, full image of the original birth and/or death record(s) of your **NON ENROLLED** ancestor(s) through whom you are tracing. Please review the **CAUTION** section above.
  - 4) I. If you provide a death record, it must list the Absentee parent(s) name. You will need to provide a supporting document for each death record. (See supporting document(s) above) (Ex: If your mother is Absentee and is not enrolled, we need her birth record to connect you to the first enrolled member.)
- 5) When tracing back to the original enrollee, you must submit a **State Certified Full Image** of the Birth and/or Death Certificate(s), which must list the Absentee Parent as listed on the 1937 Base Roll.
- 6) **ADOPTION:** Applicant(s) are eligible for Membership only through the **Biological Absentee Shawnee Parent(s)**. A certified copy of the Petition for Adoption and the Final Decree of Adoption must accompany the application for Membership, as well as the **STATE CERTIFIED, FULL IMAGE OF THE BIRTH RECORD**. All information will remain CONFIDENTIAL.
- 7) Please send the completed applications with the required documents to:

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

## **Attention**

- THE TIMEFRAME FOR THE ENROLLMENT PROCESS OF YOUR ENROLLMENT APPLICATION VARIES DUE TO THE APPLICATIONS BEING PROCESSED ON A CASE BY CASE BASIS.

- **IN THE REVIEW PROCESS OF THE APPLICANT'S DOCUMENTATION AND DIRECT LINEAGE, PLEASE BE AWARE THAT ADDITIONAL DOCUMENTATION MAY OR MAY NOT BE REQUESTED AFTER THE INFORMATION IS REVIEWED.**

**REMEMBER:** All incomplete applications will be returned. If other documents are needed you will be contacted.

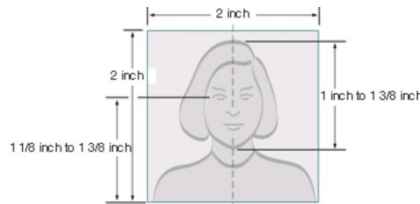
Please be sure to fill out blanks to the best of your knowledge, being careful to submit maiden names and previous names - this will help us research your records much faster.

Do not forget a color copy of your social security card - your application will be incomplete and returned.

**Legal Name Changes** must be documented with the original/certified copy of the Order of Name Change court record. The court record must show that it was filed with a County Court and is signed by the judge.

If unsure about Passport photos, please review this website: <http://travel.state.gov/content/passports/english/passports/photos/photos.html>

### **PASSPORT PHOTO COMPOSITION**



### **REMEMBER:**

**Photocopies of birth or death certificates will not be accepted.**

The application of an applicant eighteen (18) years of age or older must be signed by the applicant or by the applicant's legal guardian. The application of an applicant less than eighteen (18) years of age shall be submitted only by the applicant's parent or parent's possessing legal custody of the minor or by his/her legal guardian and must be signed by both parents and the person submitting the application.

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 with this information so a death notice may be completed for the deceased member. If you move during enrollment process, please notify this office at (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

<b>(Please complete application in black/blue ink)</b> <b>(Unless stated otherwise, all blocks must be completed or it's an incomplete application.)</b>			
Name (First, Middle, Last, Maiden):			
Date of Birth:	S.S. #:	Sex:      Male              Female	
Is Applicant Adopted? Yes              No	Marital Status:      Single      Married      Widow      Separated	Veteran:      Yes - (See Checklist)	
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		
(Optional) Email:			
<b>Physical Address (NO P.O. BOX)</b>			
Address:			
City:	State:	Zip Code:	County:
<b>Mailing Address</b>			
Same as Physical Address:      Yes              No	Address:		
City:	State:	Zip Code:	County:
<b>Tribal Background</b>			
Other Indian Blood:      Yes              No	If yes, list tribe(s):		

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
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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.

X \_\_\_\_\_

**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**

We have received a request from \_\_\_\_\_, to verify your enrollment status as a member of the Tribe for the requested purpose of:

\_\_\_\_\_

In order to protect your privacy, we require that you give your consent to either verify or decline to verify your enrollment status. Please indicate your preference for the release of this requested information, sign below and return to our Enrollment Office by mail, fax, or email.

For Enrollment Only!

\*\*For Applicants fill out portion below\*\* Note: this usually used for Indian employment credit act.

\_\_\_\_\_ Yes, I consent to allow the Absentee Shawnee Tribe of Oklahoma to verify my status as member or non-member of the Tribe. This information will not be provided to third parties without your consent. Your consent to release this information is:

\_\_\_\_\_ limited to a one-time disclosure or; **(Not Limited to or Only Limited)**

\_\_\_\_\_ expires on \_\_\_\_\_ date.

\_\_\_\_\_ No, I do NOT consent to the release of the verification of my enrollment status to be released to the above stated party. If you believe that this request was made without a legitimate or proper purpose, please contact the Tribe's Enrollment Office.

\_\_\_\_\_  
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 attach color-copy to this Document

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 attach color-copy to this Document

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