



KICKAPOO TRIBE OF OKLAHOMA

ENROLLMENT DEPARTMENT

RECEIVED: _____
MAIL: _____ IN PERSON: _____

ENROLLMENT APPLICATION

As requested, please find enclosed an application for enrollment with the Kickapoo Tribe of Oklahoma. Please complete the application as follows:

REQUESTED DOCUMENTS

1. **APPLICATION:** Complete fully, put N/A for Not Applicable where necessary, sign and date.
2. **FAMILY TREE:** Complete as thoroughly as possible to trace Kickapoo Tribe of Oklahoma ancestry.
3. **BIRTH CERTIFICATE:** We must have the original certified copy of the applicant's Birth Certificate Certified by the State Department of Public Health of Vital Records Division from the State the applicant was born in. *A hospital record or document is not sufficient as proof of birth.*
4. **SOCIAL SECURITY CARD**
5. **OTHER DOCUMENTS:** Marriage License/Divorce Decree, Legal Adoption Custody Documents, Paternity Affidavits

All original documents will be returned by Certified Mail.

REQUIREMENT FOR ENROLLMENT

Ref: Article III-Membership of Tribe, 1(a),(b),(c),(d), 2 of the Constitution of the Kickapoo Tribe of Oklahoma

Section 1. The membership of the Kickapoo Tribe of Oklahoma shall consist of the following persons, provided; they have not received land or money by virtue of being enrolled as members of another Tribe:

- (a) All original Kickapoo of Oklahoma allottees and persons not allotted but determined eligible to have received an allotment. Persons who acquire membership under this paragraph shall be considered as full blood members of the Tribe.
- (b) All persons whose names appear on the approved membership roll of the Kickapoo Tribe of Oklahoma prepared as of October 6, 1972.
- (c) All persons who met the requirements for enrollment in effect as of October 6, 1972, but whose name do not appear on the roll of that date.
- (d) All persons born to a Tribal member after October 6, 1972, who are of at least one-fourth (1/4) degree Kickapoo Tribe of Oklahoma Indian blood as defined by and derived from Section 1(a).

Section 2. The Business Committee shall have power to prescribe rules and regulations, consistent with the provisions of Section 1 above, subject to the approval of the Secretary of the Interior, governing future membership, including adoptions and the loss of membership.

Enrollment strictly prohibits Dual Enrollment

When completed, please submit the application and required documents to:

KICKAPOO TRIBE OF OKLAHOMA
ATTN: ENROLLMENT DEPARTMENT
P.O. BOX 70
MCLLOUD, OK 74851

Should you require assistance, please do not hesitate to contact the Enrollment Office at (405) 964-5418. If for any reason you are denied, you have the right to appeal to the Enrollment Appeals Board. Appealing to the Enrollment Appeals Board is an automatic consent to the board to review all documents pertaining to your enrollment application for an investigation.



KICKAPOO TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT

RECEIVED: _____
MAIL: _____ IN PERSON: _____

ENROLLMENT APPLICATION

PERSONAL DATA:

NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

DATE OF BIRTH: _____

MALE [] FEMALE: []

OTHER NAMES/ALIAS: _____

TELEPHONE: (_____) _____

EMAIL: _____

ESTIMATED DEGREE OF KICKAPOO TRIBE OF OKLAHOMA BLOOD: _____

ARE YOU ENROLLED WITH ANOTHER TRIBE? YES [] NO []

IF YES, NAME OF TRIBE: _____ PLEASE INCLUDE COPY OF RELINQUISHMENT

ANCESTOR(S) WHOM ENROLLMENT IS CLAIMED: _____

RELATIONSHIP: _____

DEGREE OF KTO BLOOD: _____

FATHER: _____

DEGREE OF KTO BLOOD: _____

IS FATHER ENROLLED WITH ANOTHER TRIBE? YES [] NO [] IF YES, NAME OF TRIBE: _____

IS NO PLEASE LIST ETHNICITY OF PARENT: _____

MOTHER: _____

DEGREE OF KTO BLOOD: _____

IS MOTHER ENROLLED WITH ANOTHER TRIBE? YES [] NO [] IF YES, NAME OF TRIBE: _____

IF NO, PLEASE LIST ETHNICITY OF PARENT: _____

IS APPLICANT AN ADOPTED CHILD? YES [] NO [] IF YES, PLEASE PROVIDE ADOPTION DOCUMENTATION.

IS APPLICANT A MINOR CHILD? YES [] NO [] IF YES, PLEASE COMPLETE MINOR CUSTODY AFFIDAVIT FORM.

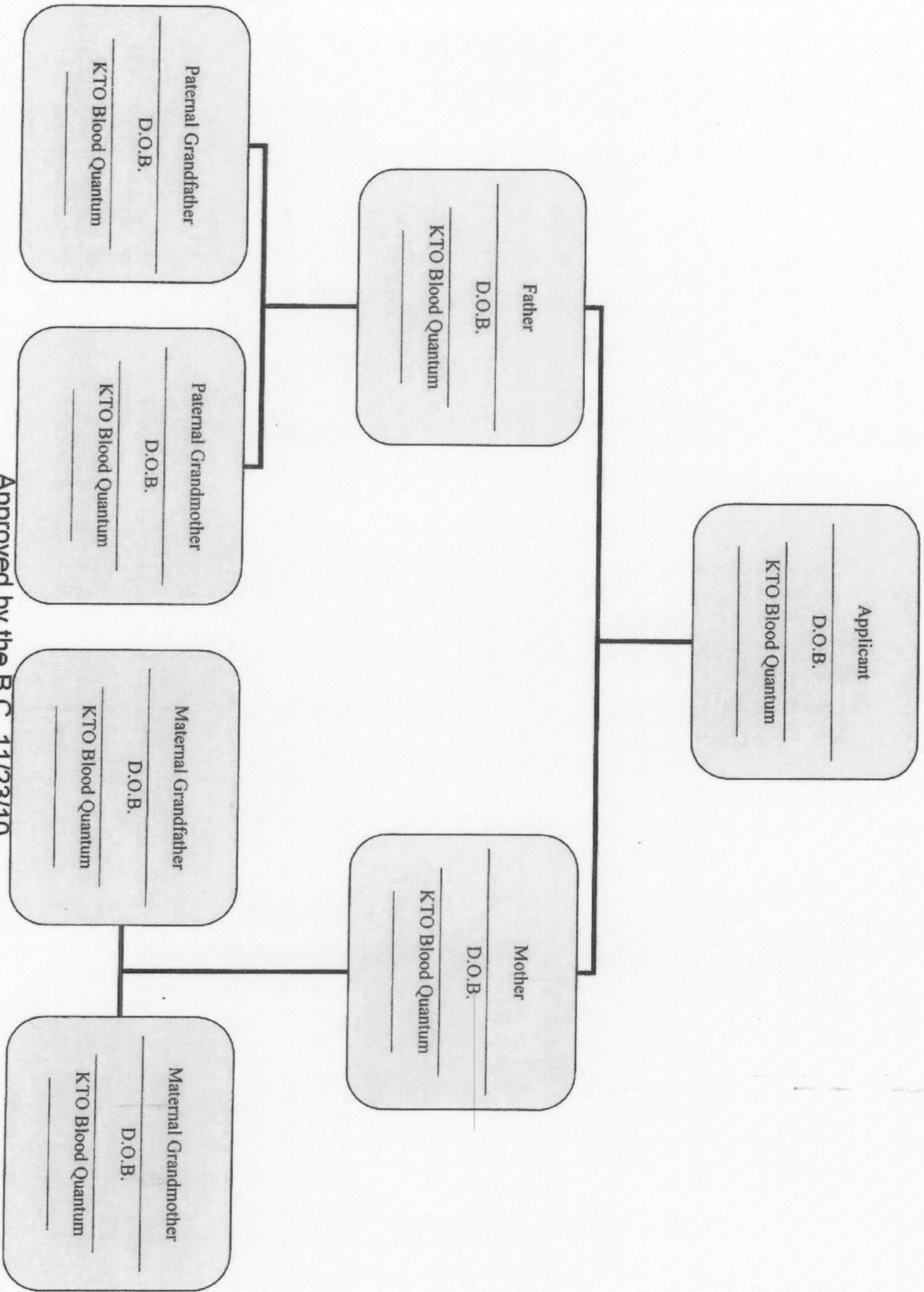
CERTIFICATION

I hereby certify that the information provided on this membership application is true and accurate. I further understand that providing false information to deliberately obtain tribal membership can and will result in immediate rejection of application, and immediate removal from tribal membership (if enrolled). I further consent to the release of information presented to any Tribe/Nation for the sole purpose of obtaining verification or confirmation of tribal enrollment into the Kickapoo Tribe of Oklahoma. If for any reason you are denied enrollment you have the right to appeal your application to the Kickapoo Tribe of Oklahoma Enrollment Appeals Board. If an appeal has been submitted you are giving consent to the Enrollment Appeals Board to review your application and all other documents submitted for enrollment.

SIGNATURE: _____

DATE: _____

Applicant / Parent / Permanent Legal Guardian



Approved by the B.C. 11/23/10



**Kickapoo Tribe of Oklahoma
Enrollment Department
P.O. Box 70
McLoud, OK 74851
(405) 964-5418**

CONSENT FOR RELEASE OF INFORMATION

I, _____ being of the legal age of eighteen (18) years or older, voluntarily give my consent to release the following information or records about myself and/or child to the KICKAPOO TRIBE OF OKLAHOMA Enrollment Department

- Enrollment information on myself
- Enrollment information on my minor child (as a custodial parent or guardian)
- Receipt of any money or land from the _____ as an adult
(Tribe/ Nation)

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Kickapoo Tribe of Oklahoma Enrollment Department. I also agree to hold harmless the Kickapoo Tribe of Oklahoma Enrollment Personnel and the Kickapoo Tribe of Oklahoma Business Committee for any claims or injury that may occur as a result of the release of this information.

Signature

DATE

PRINTED NAME

MINOR'S NAME

Approved by the Business Committee
November 23, 2010

MINOR CUSTODY AFFIDAVIT

THIS FORM MUST BE COMPLETED IF APPLYING FOR THE KICKAPOO TRIBE OF OKLAHOMA MEMBERSHIP BY THE CUSTODIAL PARENT(S) OR LEGAL GUARDIANS OF THE MINOR

- LEGAL GUARDIANS MUST SUBMIT AN ORIGINAL OR OFFICIAL COPY OF ANY LEGAL DOCUMENTATION BY VERIFYING THEIR GUARDIANSHIP STATUS. ORIGINAL DOCUMENTS WILL BE RETURNED VIA CERTIFIED MAIL
- IF THERE IS A NAME CHANGE, SUBMIT ORIGINAL OR OFFICIAL COPIES OF THE COURT ORDER (FOR A MINOR) OR MARRIAGE LICENSE OR OTHER LEGAL DOCUMENTATION. ORIGINAL DOCUMENTS WILL BE RETURNED VIA CERTIFIED MAIL.
- FAXES OR COPIES ARE NOT ACCEPTABLE
- THIS FORM MUST BE NOTARIZED

MINORS CURRENT LEGAL NAME

DATE OF BIRTH

PHYSICAL STREET ADDRESS CITY STATE ZIP

MAILING ADDRESS CITY STATE ZIP

PRINT CUSTODIAL ADULT'S NAME

RELATIONSHIP TO MINOR

MAILING ADDRESS CITY STATE ZIP

NOTICE REGARDING FALSE STATEMENTS

WHOEVER, IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OF AGENCY OF THE UNITED STATES KNOWINGLY OR WILLFULLY FALSIFIES, COVERS UP BY TRICK, SCHEME, OR DEVISE A MATERIAL FACT OF MAKES A FLASE, FICTITIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION OR MAKES OR USES ANY FALSE DOCUMENTS, KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY MAY BE PUNISHED BY FINE, IMPRISONMENT OR BOTH (SEC. 1, TITLE 18, U.S.C.). I HAVE READ AND UNDERSTOOD THE PRECEEDING FEDERAL LAW AND I VERIFY THAT I AM A CUSTODIAL PARENT OR LEGAL GUARDIAN FOR THE MINOR LISTED ABOVE.

SIGNATURE

DATE

THIS SECTION IS FOR NOTARY USE ONLY. IF AN ID IS NOT INDICATED, THEN THE INDIVIDUAL IS REGARDED AS BEING PERSONALLY KNOWN BY NOTARY

TRIBAL ID CARD (NO PAPER) ENROLLMENT # _____
EXPIRES _____

STATE DRIVERS LICENSE STATE ISSUED ID CARD # _____
EXPIRES _____

MILITARY ID CARD BRANCH _____ No _____

STATE OF _____ COUNTY _____
COMMISSION # _____ EXPIRES _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

Approved by the Business Committee
November 23, 2010