

RECEIVED: \_\_\_\_\_  
MAIL: \_\_\_\_\_ IN PERSON: \_\_\_\_\_



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

**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 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, Adoption paper Custody papers, 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 names 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 mail the application and required documents to:**

**KICKAPOO TRIBE OF OKLAHOMA  
Attn: Enrollment  
P.O. BOX 70  
MCLOUD, OK 74851**

Should you require assistance, please do not hesitate to contact the Enrollment Office at (405) 964-5418

Approved by the Business Committee  
November 23, 2010

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**ENROLLMENT APPLICATION**

**PERSONAL DATA:**

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

MALE: [ ] FEMALE: [ ]

\_\_\_\_\_  
COUNTY

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)

**FAMILY HISTORY:**

ANCESTOR(S) ON BASE ROLL WHOM ENROLLMENT IS CLAIMED: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DEGREE OF KTO BLOOD: \_\_\_\_\_

FATHER: \_\_\_\_\_ DEGREE OF KTO BLOOD: \_\_\_\_\_

IS HE ENROLLED WITH ANOTHER TRIBE? YES [ ] NO [ ] IF YES, NAME OF TRIBE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DEGREE OF KTO BLOOD: \_\_\_\_\_

IS SHE ENROLLED WITH ANOTHER TRIBE? YES [ ] NO [ ] IF YES, NAME OF TRIBE: \_\_\_\_\_

IS APPLICANT AN ADOPTED CHILD? YES [ ] NO [ ] IS APPLICANT A MINOR CHILD? YES [ ] NO [ ]

IF YES, PLEASE INCLUDE COPY OF ADOPTION

IF YES, PLEASE COMPLETE AND NOTARIZE MINOR CUSTODY AFFIDAVIT FORM

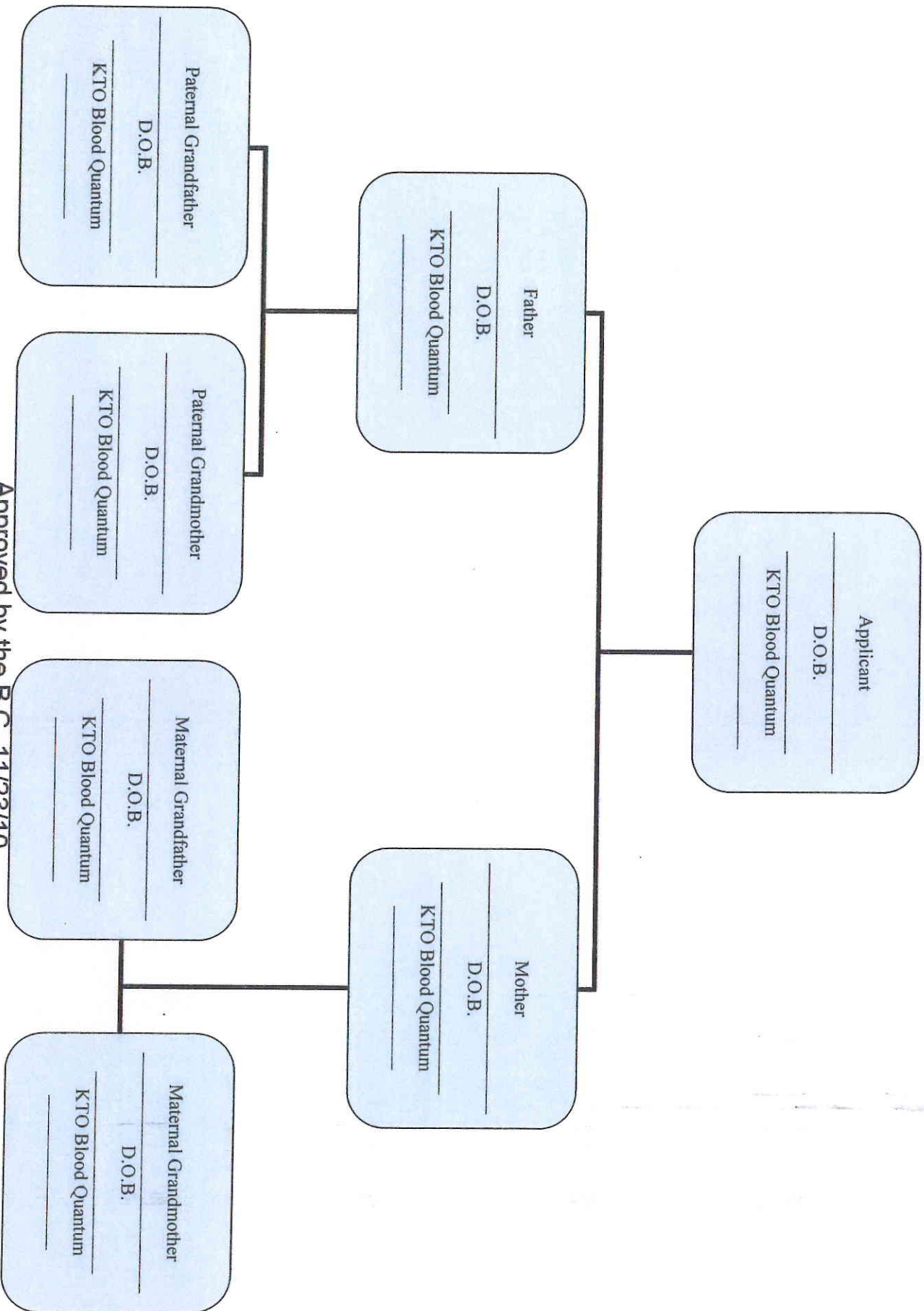
**CERTIFICATION**

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT/ PARENT/ LEGAL GAURDIAN

Approved by the Business Committee  
November 23, 2010



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