

United Keetoowah Band of Cherokee Indians In Oklahoma

Enrollment Office, P. O. BOX 746, Tahlequah, OK 74465 PHONE: (918) 871-2797 | FAX: (918) 414-4004

TRIBAL ENROLLMENT APPLICATION

APPLICANT NAME	E (PLEASE F	PRINT)					
Last	First	Middl	e		Maiden	Oth	er name(s)
Social Security No. (option	nal) Mil	itary Veteran?	ot its perticipes	Dates of		Branch of Se	
	Yes	No					
CURRENT RESIDEN							
Number/Street/Route/B	ox	City	Stat	e Zip	Phone	Email	and the state of the confidence of
P. O. Box/Street	G ADDRESS City		n reside	ntial addı Zip	ress)		
BIRTH:			State	Zip			
	Market 12	PARTE NEW YORK					
Date City		State Tribe	:		Indi	an Blood Degree	Male Female
Are you a 1949 Keetoow If Yes, Give Ancestor's Na		descendant? Yes [No [Is applican	t a Minor Child?	Yes No
If you don't know, please check with the enrollment clerk.				If yes	, do you hav	e legal custody?	Yes L No L
PARENTS:							water -
							Yes No
Mother's Maiden Name		Date of Birth	Tribe			Blood Degree	Member of UKB?
		e.e. E.i.	,				Yes No
Father's Name		Date of Birth	Tribe			Blood Degree	Member of UK B?
SPOUSE:			5 7				Yes No
Full Name of Spouse (Ma	iden Name)	Date of Birth	Tribe			Blood Degree	Member of UKB?
Name the last Indian na	tion, tribe or	band of which you	were a r	nember:			

Return the completed application to the Enrollment Office by the 20th of the month for Council approval on the first Saturday of the following month. With the application, you must submit the following documents: I. a Letter of Relinquishment from any other Indian nation, tribe or band of which you have been a member or a notarized Affidavit of Non-Membership (provided by the Enrollment Office); and, 2. a certified copy of your 8 1/2" X 11 " Certificate of Degree of Indian Blood showing at least 1/4 degree of Keetoowah/Cherokee blood.

Signature of Applicant (Parent or Guardian if applicant is a minor)

(REVISED 3/2004)

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children.) 1. Last Name First Name Middle Name Date of Birth Sex Blood Degree 2. Last Name First Name Middle Name Date of Birth Sex Blood Degree 3. Last Name First Name Middle Name Date of Bilth sex Blood Degree 4. Last Name First Name Middle Name Date of Birth Sex Blood Degree s. Last Name First Name Middle Name Date of Birth sex Blood Degree 6. Last Name First Name Middle Name Date of Birth Sex Blood Degree 7. Last Name First Name Middle Name Date of Birth Sex Blood Degree 8.	LIST YOUR CHILI	DREN: (Listing your childre	n does not enroll them. Se	eparate applications	must be	submitted for
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	8					
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KEETOOWAH V	OTING DISTRICT:	Please check the Keetoowah V	oting District where you liv	e.
Canadian	Cooweescowee	Delaware	Flint	Goingsnake
Illinois	Saline	Sequoyah	Tahlequah	Unsure
COMMENTED				

COMMENTS:

UKB Enrollment Ordinance, Section 17, Relinquishment of Membership:

Any adult member of the UKB may relinquish his membership in the Band by filing a notice, in writing, to the Council, stating that he/she no longer wishes to be enrolled. When such a request is received, the Council shall assure that the person submitting the request is, in fact, the person named in the request. The Council shall enact a resolution to remove the individual's name from the membership roll and state in the resolution that the person is no longer to be considered a member with all rights and benefits revoked as a member.

Section 18. Reinstatement of Membership:

Once a member of the United Keetoowah Band of Cherokee Indians In Oklahoma relinquishes his or her membership with the Band, as an adult, he/she shall not be eligible for reinstatement as a member of the UKB.

FOR OFFICE USE ONLY:
[A APPROVED
NOT APPROVED
REASON:
Roll No:
BY:

DATE: