



ABSENTEE SHAWNEE TRIBE OF OKLAHOMA  
ENROLLMENT DEPARTMENT  
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801  
405.481.8650 ♦ Enrollment@astribe.com

## Instructions for Descendant Letter

1. Complete the form in its entirety.
2. The bottom portion of this form must be completed in the presence of a notary. This is to verify your identity if we cannot do so in office. A color copy of your state ID or driver's license must accompany the form. **\*If you do not have a state ID or driver's license please contact the Enrollment Office for a list of approved documents.\***
3. Required Documents: birth/death certificate for applicant, parents, grandparents to link lineage to last individual enrolled with the Absentee Shawnee Tribe-no exceptions will be made.

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### HOW TO SUBMIT FORM

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Visit the Enrollment office or mail the completed form along with required documents to the following address:

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

-or- email to: [Enrollment@astribe.com](mailto:Enrollment@astribe.com) **\*If you choose to email these items please scan them as an image or PDF, we cannot accept photos of these items.\***

**Incomplete forms or forms submitted with photos that do not follow criteria will not be processed and will be returned to the requestor.**



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**Descendant Letter Application**

Applicant's Information			
Name:		Date of Birth:	
Address:			
City:	State:	Zip:	Phone:
Lineage Information			
Mother:		Tribe:	
Father:		Tribe:	
Maternal Grandmother:		Tribe:	
Maternal Grandfather:		Tribe:	
Paternal Grandmother:		Tribe:	
Ancestor(s) whom AST lineage is/are claimed:			

**STOP-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

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 STAMP

Notary Public Signature

My Commission Expires: \_\_\_\_\_

**OFFICE USE ONLY**		
Date Received	Member Roll Number	Employee Initials