

Absentee Shawnee Tribe of Oklahoma
Enrollment Office



RESEARCH APPLICATION

(ALL INFORMATION MUST BE COMPLETE BEFORE APPLICATION IS VALID)

Please attach a copy of all birth and death certificates to link individuals.

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Applicant's Full Name: _____
Last **First** **Middle**

Mailing Address: _____
Street Address **Apt#** **P.O. Box**

City **State** **Zip Code**

Phone Number: _____

Maiden, Indian or Alias: _____

Date of Birth: _____ Place of Birth: _____

Ancestor(s) whom Indian roots are claimed on: _____

Relationship **Date of Birth and/or Place of Birth**

Are you enrolled with another Tribe? **YES NO**
If yes, what Tribe are you enrolled with: _____

Has applicant ever filed a research application with the Absentee Shawnee Tribe? **YES NO**
If so, please provide date: _____

Is applicant an Adopted Child? **YES NO**
If yes, please list natural parents: _____

Is either of your natural parents enrolled as members of any Indian Tribe? **YES NO**
If yes, which parent and what Tribe: _____

APPLICANT'S IMMEDIATE FAMILY

Applicant's mothers full name: _____

Date of Birth: _____

Place of Birth: _____

Applicant's fathers full name: _____

Date of Birth: _____

Place of Birth: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Brother: _____

Sister: _____

Children: _____

Children: _____

Children: _____

Children: _____

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AUTHORIZATION FOR RESEARCH

I, _____ hereby authorize the Absentee Shawnee Tribal Secretary's Office to research my family tree. I fully understand that due to the confidentiality of enrollment files, documents and archive records, this information can only be used for myself for the purpose of _____
_____. I also understand that it is a criminal offense under Tribal Law to present false or fraudulent information for Enrollment purposes. I hereby certify that the information is true and correct to the best of my knowledge. I also understand research is a lengthy process and is done by date received.

Signature

Date