## Absentee Shawnee Tribe of Oklahoma Enrollment Office

<u>Director</u> Carly Dyer



Enrollment Staff Melissa Hill

Enrollment Clerk Kim Little Axe Enrollment Staff Shelby Raines

## **RESEARCH APPLICATION**

(ALL INFORMATION MUST BE COMPLETE BEFORE APPLICATION IS VALID)

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

	ame:Last	First	Middle
Mailing Address:			
	Street Address	Apt#	P.O. Box
	City	State	Zip Code
Phone Number: _			
Maiden, Indian or A	Alias:		
Date of Birth:		Place of Birth:	
Ancestor(s) whom	n Indian roots are claimed on:		
Rel	ationship		Birth and/or Place of Birth
Are you enrolled with another Tribe?  If yes, what Tribe are you enrolled with:			YES NO
Has applicant ever filed a research application with the Absentee Shawnee Tribe? If so, please provide date:			
Is applicant an Adopted Child? If yes, please list natural parents:			YES NO
Is either of your natural parents enrolled as members of any Indian Tribe?  If yes, which parent and what Tribe:			YES NO

## APPLICANT'S IMMEDIATE FAMILY

Date of Birth:	Place of Birth:
Date of Birth:	
Brother:	Sister:
Brother:	
Brother:	Sister:
Brother:	Sister:
Children:	Children:
Children:	Children:
AUTHOR	ZIZATION FOR RESEARCH
	hereby authorize the Absentee Shawnee Tribal tree. I fully understand that due to the confidentiality of enrollment files,
documents and archive records, this information	tion can only be used for myself for the purpose of
false or fraudulent information for Enrollmen	. I also understand that it is a criminal offense under Tribal Law to present nt purposes. I hereby certify that the information is true and correct to the arch is a lengthy process and is done by date received.
Signature	 Date