



CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
CDIB II DESCENDANCY APPLICATION

- 1. ELIGIBILITY REQUIRMENTS: APPLICANT IS REQUIRED TO HAVE AT LEAST ONE ENROLLED PARENT.
2. Applicants must submit an ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE. We DO NOT accept copies of birth certificates.
3. Applicant's 18 years of age or older are required to provide a non-expired State Issued Identification card.
4. Faxed or emailed CDIB II Applications, and/or supporting documents will not be accepted.
5. Forms with white out/correction tape will not be accepted.
6. If this application is submitted 6 months or older from the date of the notary it will be considered expired and a new application will need to be completed.

All information submitted to the Cheyenne and Arapaho Tribes Department of Enrollment is CONFIDENTIAL. No information will be given to anyone other than to the applicant. If the applicant is a minor only the legal custodial parent(s) or legal guardian(s) shall receive information.

CDIB II Applicant Information

DATE OF BIRTH: _____

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

GENDER: [] FEMALE [] MALE

APPLICANT ADOPTED? [] YES [] NO

If yes, provide an original or certified copy of a Final Adoption Decree and original amended birth certificate.

MOTHER'S NAME: _____ DATE OF BIRTH: _____

MOTHER ENROLLED CHEYENNE-ARAPAHO MEMBER? [] YES [] NO

FATHERS'S NAME: _____ DATE OF BIRTH: _____

FATHER ENROLLED CHEYENNE-ARAPAHO MEMBER? [] YES [] NO

IT IS A CRIMINAL OFFENSE UNDER FEDERAL AND TRIBAL LAW TO PRESENT FALSE OR UNTRUE INFORMATION FOR ENROLLMENT PURPOSES

PRINTED NAME OF PERSON FILLING OUT APPLICATION: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE #: (_____) _____ - _____ MESSAGE PHONE #: (_____) _____ - _____

SIGNATURE OF APPLICANT/SPONSER(S)

DATE

This box is for NOTARY use only - I.D. is REQUIRED for notarization.

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public's Signature

For any questions or concerns, please contact the Cheyenne & Arapaho Tribes, Department of Enrollment at: (405) 422-7600

PLEASE MAIL CDIB II APPLICATION AND SUPPORTING DOCUMENTS TO: CHEYENNE & ARAPAHO TRIBES DEPARTMENT OF ENROLLMENT PO BOX 134 CONCHO, OK 73022