

Cheyenne & Arapaho Tribes  
Department of Enrollment  
100 Red Moon Circle  
P.O. Box 134  
Concho, OK 73022  
(405) 422-7600

CHEYENNE AND ARAPAHO TRIBES DEPARTMENT OF ENROLLMENT  
MEMBERSHIP APPLICATION PROCEDURES

\*\*\*\*\*PLEASE READ CAREFULLY\*\*\*\*\*

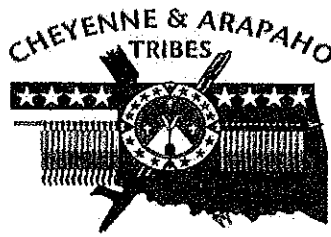
If this application is submitted 6 months or older from the notary date, it will be considered expired and a new application will need to be resubmitted along with ALL ORIGINAL documents.

- ❖ 1. Complete the **TRIBAL ENROLLMENT APPLICATION**. Constitutional eligibility requirements: at least one enrolled parent and a blood quantum equal to or greater than  $\frac{1}{4}$  **Cheyenne and/or Arapaho blood. Enrolled parent must be present on the applicant's birth certificate.** Application must be completed in blue or black ink only. Applications that contain white-out will not be accepted. If application is not complete it will be returned to you for your completion.
- ❖ 2. If including the non-enrolled parents Cheyenne and Arapaho blood, please provide **ORIGINAL** birth certificates for the non-enrolled parent and each generation going back to the enrolled Cheyenne and Arapaho member on the October 31, 1967 Base Roll.
- ❖ 3. Applicant must submit an **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. We **DO NOT** accept copies of birth certificates. Our office must copy form the original to prove validity of the document and that it has not been altered in anyway.
- ❖ 4. Applicant must submit and **ORIGINAL SOCIAL SECURITY CARD**. We **DO NOT** accept copies of social security cards. Our office must copy form the original to prove validity of the card and that it has not been altered in anyway.
- ❖ 5. If the applicants name is different from the original birth certificate and social security card, please provide an original or certified copy of the legal documentation of the name change with the application i.e. Marriage License, Divorce Decree, or court order. You must also provide the original social security card showing the name change as well.
- ❖ 6. **REGARDING MINORS ONLY:** For applicants between the ages of 0-17 years of age, submit a completed, signed, and notarized Custody Affidavit form. If you are not the biological parent of the applicant, submit original or certified copies of a court order showing **PERMANENT** legal guardianship which grants you legal custody. If the minor is adopted fill out the Custody Affidavit form as a biological parent.
- ❖ 7. Complete the family tree form to the best of your knowledge. This information pertains to the applicant's biological genealogy on both sides of his/her family.
- ❖ 8. If the applicant is adopted our office must have the original state certified birth certificate with the biological parent's names listed to link the applicant's Cheyenne and Arapaho blood. It is also **REQUIRED** to have the original amended state certified birth certificate showing the adoptive parent's names and the amended social security card showing the applicants name change through adoption (if any). It is also **REQUIRED** to submit an original or certified copy of the final adoption decree with the application as well if the applicant is adopted.
- ❖ 9. **POSSESSION OF INDIAN BLOOD:** If the applicant possesses blood of any Federally Recognized Tribe, Indian Nation, Band, or Pueblo of the United States, an enrollment verification will be sent to ensure the applicant is not already enrolled elsewhere, as the Cheyenne and Arapaho Tribes **DOES NOT** allow dual enrollment. Please keep in mind verification must come from "Enrollment Office to Enrollment Office". This could slow and delay the enrollment application process depending on when we get a verification response from the other tribal enrollment office.
- ❖ 10. Enrollment applications are reviewed on a quarterly basis by the **Cheyenne and Arapaho Tribes Department of Enrollment Membership Committee**. The Enrollment Membership Committee will make all final decisions on each applicant's enrollment application. Each applicant will be mailed a certified letter from the Executive Director of Enrollment with the final determination of membership by the Enrollment Membership Committee

**WE DO NOT ACCEPT FAXED OR EMAILED ENROLLMENT APPLICATIONS AND/OR SUPPORTING DOCUMENTS. NO EXCEPTION!**

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 those who signed the Affidavit of Custody shall receive information.

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



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**CHEYENNE AND ARAPAHO TRIBES DEPARTMENT OF ENROLLMENT  
MEMBERSHIP APPLICATION FOR TRIBAL ENROLLMENT**

**Applicant Information**

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

ALIAS / MAIDEN NAME (other name you are known by or have used, if applicable)

CURRENT MAILING ADDRESS:

CITY: STATE:

ZIP CODE: COUNTY:

DATE OF BIRTH: SOCIAL SECURITY NUMBER: - -

HOME PHONE NUMBER: ( ) - GENDER:  FEMALE  MALE

- Do you possess Indian blood of another tribe(s)?  YES  NO

If yes, please list other tribe(s):

- Are you an enrolled member of another tribe, band, or Indian Community?  YES  NO

*\*If yes, please submit CDIB, tribal verification\**

- Are you adopted?  YES  NO

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

- Were any of your Cheyenne-Arapaho Tribal ancestors adopted?  YES  NO

If yes, please list full name(s) of adopted ancestors:

MOTHER'S NAME: DOB:

Enrolled Cheyenne-Arapaho Member?  YES  NO

Name of 1967 Base Enrollee whom enrollment is claimed:

*(Must provide original or certified copy of linking birth certificates to 1967 Base Enrollee to claim non-enrolled parent's Cheyenne and Arapaho blood)*

FATHER'S NAME: DOB:

Enrolled Cheyenne-Arapaho Member?  YES  NO

Name of 1967 Base Enrollee whom enrollment is claimed:

*(Must provide original or certified copy of linking birth certificates to 1967 Base Enrollee to claim non-enrolled parent's Cheyenne and Arapaho blood)*

*"By signing this application, I hereby certify that the above information is true and correct to the best of my knowledge, and that information and statements given, are used for the sole purpose of determining eligibility for membership with the Cheyenne and Arapaho Tribes"*

SIGNATURE OF APPLICANT/SPONSER

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

CHEYENNE & ARAPAHO TRIBES  
DEPARTMENT OF ENROLLMENT  
100 RED MOON CIRCLE . PO BOX 134 . (405) 422-7600

TO BE COMPLETED AND FILED BY THE PARENT(S), CUSTODIAN(S) OR LEGAL GUARDIAN(S) OF MINOR  
(THIS FORM MUST BE NOTARIZED OR IT WILL BE CONSIDERED INCOMPLETE)

# AFFIDAVIT OF CUSTODY

FOR MEMBERSHIP APPLICANTS/TRIBAL MEMBERS UNDER 18 YEARS OF AGE

I hereby state that the following named minor: \_\_\_\_\_

Soc. Sec. Number:

Birth date:

Home Phone No:

Emergency Phone No:

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

In the custody and care of: \_\_\_\_\_

Name of Parent (and/or both parents)

Relationship to Minor

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO SIGN THE FOLLOWING STATEMENT:

**18 United States Code, Section 1001, Federal Law Governing Fraud:**

*"Whoever, in any matter within the jurisdiction of any Department of Agency of the United States knowingly and willfully falsified, conceals, or covers up by any trick, scheme, or devise a material fact, or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both".*

I have read, and understand, the preceding of Federal Law:

\_\_\_\_\_  
Signature of person(s) filing affidavit

\_\_\_\_\_  
Date Signed

\*\*\*\*\*NOTARY USE ONLY\*\*\*\*\*

State of Oklahoma: \_\_\_\_\_

County of: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION NO: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

\*\*\*\*\*

# FAMILY TREE

Please complete as much as you can of the Family Tree by writing the names of your ancestors on the **TOP LINE** provided.

**PLEASE PRINT CLEARLY**

## NAME OF APPLICANT

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## FATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## MOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDFATHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribes: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Roll No. \_\_\_\_\_  
 Other Tribes: \_\_\_\_\_  
 Roll No. \_\_\_\_\_

TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

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