



United Keetoowah Band of Cherokee Indians In Oklahoma

Enrollment Office, P. O. BOX 746, TAHLEQUAH, OK 74465
 PHONE: (918) 453-9375 FAX: (918) 453-9345

TRIBAL ENROLLMENT APPLICATION

APPLICANT NAME: Please print information in the shaded areas

Last	First	Middle	Maiden	Other name(s)
Social Security No.(optional)		Yes <input type="checkbox"/> No <input type="checkbox"/> Military Veteran?	Dates of Service	Branch of Service

CURRENT RESIDENTIAL ADDRESS:

Number/Street/Route/Box	City	State	Zip	Phone	E-mail
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CURRENT MAILING ADDRESS: (if different from residential address)

P. O. Box/Street	City	State	Zip
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BIRTH:

Date	City	State	Tribe	Indian Blood Degree	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Are you a 1949 Keetoowah Base Roll descendant? Yes No
 If Yes, Give Ancestor's Name
 If you don't know, please check with the enrollment clerk.

Is applicant a Minor Child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you have legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PARENTS:

Mother's Maiden Name	Date of Birth	Tribe	Blood Degree	Yes <input type="checkbox"/> No <input type="checkbox"/> Member of UKB?
Father's Name	Date of Birth	Tribe	Blood Degree	Yes <input type="checkbox"/> No <input type="checkbox"/> Member of UKB?

SPOUSE:

Full Name of Spouse (Maiden Name)	Date of Birth	Tribe	Blood Degree	Yes <input type="checkbox"/> No <input type="checkbox"/> Member of UKB?
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Name the last Indian nation, tribe or band of which you were a member: _____

Return the completed application to the Enrollment Office by the 20th of the month for Council approval on the first Saturday of the following month. With the application, you must submit the following documents:

1. a Letter of Relinquishment from any other Indian nation, tribe or band of which you have been a member or a notarized Affidavit of Non-Membership (provided by the Enrollment Office); and,
2. a certified copy of your 8 1/2" X 11" Certificate of Degree of Indian Blood showing at least 1/4 degree of Keetoowah/Cherokee blood. (Please fill out the back side of this application.)

Signature of Applicant (Parent or Guardian if applicant is a minor)	Date
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LIST YOUR CHILDREN: (Listing your children does not enroll them. Separate applications must be submitted for children.)

					M / F	
1.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
2.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
3.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
4.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
5.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
6.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
7.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree
					M / F	
8.	Last Name	First Name	Middle Name	Date of Birth	Sex	Blood Degree

KEETOOWAH VOTING DISTRICT: Please check the Keetoowah Voting District where you live.

<input type="checkbox"/> Canadian	<input type="checkbox"/> Cooweescowee	<input type="checkbox"/> Delaware	<input type="checkbox"/> Flint	<input type="checkbox"/> Goingsnake
<input type="checkbox"/> Illinois	<input type="checkbox"/> Saline	<input type="checkbox"/> Sequoyah	<input type="checkbox"/> Tahlequah	

COMMENTS: _____

UKB Enrollment Ordinance, Section 17, Relinquishment of Membership:
 Any adult member of the UKB may relinquish his membership in the Band by filing a notice, in writing, to the Council, stating that he/she no longer wishes to be enrolled. When such a request is received, the Council shall assure that the person submitting the request is, in fact, the person named in the request. The Council shall enact a resolution to remove the individual's name from the membership roll and state in the resolution that the person is no longer to be considered a member with all rights and benefits revoked as a member.

Section 18. Reinstatement of Membership:
 Once a member of the United Keetoowah Band of Cherokee Indians In Oklahoma relinquishes his or her membership with the Band, as an adult, he/she shall not be eligible for reinstatement as a member of the UKB.

FOR OFFICE USE ONLY:

APPROVED

NOT APPROVED

REASON: _____

Roll No: _____

BY: _____

DATE: _____