INSTRUCTIONS FOR ENROLLMENT APPLICATION

- Must provide the original state certified birth certificate of the person applying for enrollment into the Quapaw Nation. The original birth certificate will remain on file at the Tribal Office. **COPIES WILL NOT BE ACCEPTED!**

- Hospital Birth Certificates are no longer accepted.

- Application must be completed and signed in ink.

- For ALL minor children, the Custodial Parent or Legal Guardian **must** sign for the child.

- If the applicant is OVER the age of 18, they are required to complete and sign the application.

- Please **DO NOT** send an incomplete application. If all required information or documentation is not available **DO NOT** submit the application. ALL incomplete applications will be returned to the applicant.

- **There is a 1 year waiting period for Social Services/Higher Education Programs and the Quapaw Nation Insurance Plan if enrolled after first birthday.**

Please mail completed enrollment application and required documents to the following address:

Quapaw Nation
Enrollment Department
PO Box 765
Quapaw, OK 74363

If you have any questions, please call our office toll free at 1-888-642-4724 and ask for the Enrollment Department. Our office hours are Monday through Thursday 8:00am-5:00pm and Friday 8:00am-4:00pm.

You can also email us at ksisson@quapawnation.com.
APPLICATION FOR MEMBERSHIP
TO THE QUAPAW NATION OF OKLAHOMA

ALL APPLICATIONS MUST BE TYPED OR PRINTED IN INK
PLEASE PROVIDE ALL INFORMATION WHERE APPLICABLE

NAME OF APPLICANT: ____________________________
(Include Maiden Name if Married and a Copy of Marriage Certificate)

MAILING ADDRESS:
Street or PO Box __________ City __________ State/ZIP __________

DOB: __________ SS#: __________ PHONE#: __________

NAME OF QUAPAW TRIBAL PARENT:

FATHER: ____________________________ ROLL#: __________

MOTHER: ____________________________ ROLL#: __________

GRANDPARENT(S): ____________________________ ROLL#: __________

GREAT GRANDPARENT(S): ____________________________ ROLL#: __________

GREAT GREAT GRANDPARENT(S): ____________________________ ROLL#: __________

Is the Applicant a descendent from any other tribe(s)? YES ______ NO ______
Is the Applicant or any ancestors adopted? YES ______ NO ______

The information contained in the application will be used only for Enrollment purposes and will remain confidential.
By signing this application, you are certifying that the information given is true and accurate.

Date __________ Signature of Applicant (Parent or Guardian) __________ Print Name __________

RETURN APPLICATION WITH STATE CERTIFIED BIRTH CERTIFICATE

FOR COMMITTEE USE ONLY

Blood Quantum __________
Roll Number __________
Date of Action __________
REQUEST FOR CDIB

ALL APPLICATIONS MUST BE TYPED OR PRINTED IN INK
PLEASE PROVIDE ALL INFORMATION WHERE APPLICABLE

NAME: ___________________________ TRIBE: ___________________________

ADDRESS:
Street or PO Box	City	State/ZIP

DOB: ______________ SS#: ______________ PHONE#: ______________

Has Applicant even been issued a CDIB before? YES_______ NO_______

Indian Parent's Name: ___________________________ Tribe: ___________________________
Father
DOB: ______________ Roll #: ___________________________

Indian Parent's Name: ___________________________ Tribe: ___________________________
Mother
DOB: ______________ Roll #: ___________________________

Is the Applicant on a tribal membership roll? YES_______ NO_______ TRIBE_______

Birth certificate is needed to trace ancestry. Is birth certificate attached to application?
YES_______ NO_______ (Birth certificate must be state certified)

The information contained in this application will be used only for the purpose of issuing a Certificate Degree of Indian Blood (CDIB) and will remain confidential.

FOR COMMITTEE USE ONLY
Blood Quantum____________
Roll Number____________
Date of Action____________

Signature of Applicant (Parent or Guardian)

Print Name