Return by Mail: Seneca-Cayuga Nation Enrollment Application PO Box 452387 Grove, OK 74345

SENECA-CAYUGA NATION ENROLLMENT APPLICATION

NO fax or email of any enrollment paperwork will be accepted

Return in Person: Seneca-Cayuga Nation Administration Building Lobby LockBox 23701 S 655 Road Grove, OK 74344

Full Name:_ (Last) (First) (Full Middle Name) (Maiden) Physical Address: Street City State Zip County Mailing Address: Street City State Zip ,Telephone# where you can be reached: Email Address: Preferred method of communication: Phone **Email** Date of Birth Place of Birth List Tribe(s) in which you are an enrolled member: (Enclose copy of CDIB(s) Degree(s) claimed in Tribe(s) listed above: Mailing Address of Tribe(s) Total Degree of Seneca-Cayuga Indian blood claimed: Is either parent enrolled as a member of another (one or more) tribe(s)? If yes, list parent(s) name(s) and with which tribe(s): Enclose copy of CDIB(s) or membership card(s) Father's name: _ Tribe & Degree: Tribe & Degree: Mother's Name: Ancestor on base roll through whom enrollment rights are claimed: Roll Number **Relationship to Applicant** Is the applicant a direct lineal descendent of a member of the Seneca-Cayuga Nation? Is application being filled out on behalf of an adopted child, minor, or other person who requires a sponsor?_____ If yes, relationship to applicant: Provide official documents attesting to sponsorship ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE OR COPY NOTAZIED ATTESTING IT IS A COPY OF ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION AND OR MISREPRESENTATION ON MY PART WILL BE GROUNDS FOR DISENROLLMENT FROM THE SENECA-CAYUGA NATION. SIGNATURE OF ADULT APPLICANT OR SPONSOR **DATE SIGNED** $\frac{1}{1}$ $\frac{1}{1}$ **Recommendation from Enrollment Committee Action by General Council** Approve: Approve: Disapprove: Disapprove: Reason(s):____ Reason(s):_____ Votes:_______No:_____ Votes:_____Yes: _____No: Motion by: Motion by: Seconded by: Seconded by: Date:_ Date:

Seneca-Cayuga Nation Family Record Form

Applicant	Date of Birth	Place of Birth	Sex	Marital Status
M OTHER	 Date of Birth	Place of Birth	Present Mailing Address	
Tribe			Degre	ee
FATHER	Date of Birth	Place of Birth	Present Mailing Address	
Tribe			Degree	
Please list all brothers and sisters:				
NAME	ADDRESS		BIRTHDATE	MARITAL STATUS
certify that the above information	n is true and correct.			
Applicant Signature			ate	

Applicant

Father		Mother		
	Tribe			
	Degree			
		<u>_</u> _		
Grandmother	Grandfather	Grandmother		
Tribe	Tribe	Tribe		
Degree	Degree	Degree		
Roll#	Roll#	Roll#		
Great Grandmother	Great Grandfather	Great Grandmother		
		Tribe		
K011#	Kon#	Koli#		
Great Grandmother Tribe				
Degree	Degree	Degree		
Roll#	Roll#	Roll#		
Great Grandmother Tribe	Great Grandfather Tribe	Great Grandmother Tribe		
Degree	Degree	Degree		
Roll#	Roll#	Roll#		
	Grandmother Tribe Degree Roll# Great Grandmother Tribe Degree Roll# Great Grandmother Tribe Degree Roll# Degree Roll# Great Grandmother Tribe Degree Roll# Great Grandmother Tribe Degree Roll#	Grandmother Tribe		