



**APPLICATION MUST BE SIGNED AND  
ACCOMPANIED BY REQUIRED DOCUMENTATION  
TO BE CONSIDERED FOR ENROLLMENT**  
**Print all information except signature**

### Enrollment Application

Ottawa Tribe of Oklahoma  
P.O. Box 110  
Miami, OK 74355

Applicant DOB: _____	Father DOB: _____  Ottawa Tribe Enrollment #: _____	Grand Father DOB: _____  Ottawa Tribe Enrollment #: _____	Great- Grand Father DOB: _____ Ottawa Tribe Enrollment #: _____  Maiden Name _____
	Mother, Maiden Name DOB: _____  Ottawa Tribe Enrollment #: _____	Grand Mother (Maiden Name) DOB: _____  Ottawa Tribe Enrollment #: _____	Great- Grand Mother DOB: _____ Ottawa Tribe Enrollment #: _____  Maiden Name _____
		Grand Father DOB: _____  Ottawa Tribe Enrollment #: _____	Great- Grand Father DOB: _____ Ottawa Tribe Enrollment #: _____  Maiden Name _____
		Grand Mother(Maiden Name) DOB: _____  Ottawa Tribe Enrollment #: _____	Great- Grand Mother DOB: _____ Ottawa Tribe Enrollment #: _____  Maiden Name _____

**Fill out family Tree to the best of your ability**

### Applicant Required Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

Ottawa Tribe Enrolled

Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

Name of person requesting enrollment:

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant:

\_\_\_\_\_

Is applicant an enrolled member of another federally recognized Indian Tribe (s)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If answered Yes:  
Provide Tribe Name(s): \_\_\_\_\_  
\_\_\_\_\_

**The Ottawa Tribe does not allow dual enrollment, if you answered the above question with YES, you will need to provide an official statement of relinquishment from the above named tribe(s) before you will be considered for enrollment with the Ottawa Tribe of Oklahoma.**

Address to be used on applicant's profile:  
\_\_\_\_\_  
\_\_\_\_\_

Address to mail card to if different then profile address:  
\_\_\_\_\_  
\_\_\_\_\_

**Required Documentation Check List**  
COPY OF APPLICANT'S STATE BIRTH CERTIFICATE \_\_\_\_\_  
OFFICAL RELINQUISHMENT STATEMENT (IF REQUIRED) \_\_\_\_\_  
**If an application can not be read or is missing information/documentation, it will be returned to the submitter.**

**By signing this application I am acknowledging the information provided is correct:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_