

➔ (**Read Instructions BEFORE Completing Application**) ◀

INSTRUCTIONS IN APPLYING FOR MEMBERSHIP WITH THE CADDO NATION

▶ APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL DOCUMENTATION ◀

The Membership Application for enrollment with the Caddo Nation, the attached sheet, should be completed showing your relationship to an enrolled member and/or members on the maternal and/or paternal side. Include maiden and married names of the women listed on your form.

QUALIFICATIONS:

All living lineal descendants of Allottee(s), of at least one-sixteenth (1/16) degree Caddo Indian Blood, born after the date of the adoption of the constitution (June 26, 1976), except those persons otherwise entitled to enrollment with the Caddo Nation who elect to be enrolled in another tribe.

REQUIRED DOCUMENTS:

1. Submit Applicant's **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. Our office must copy from the original document. If mailed in, the original will be returned to you via certified mail.
2. Submit Applicant's **SOCIAL SECURITY CARD**. Our office must copy from the original document. If mailed in, the original will be returned to you via certified mail.
3. Complete the **FAMILY TREE** form and submit with Enrollment Application. This information pertains to the applicant's genealogy on both sides of his/her family.
4. Submit copy of **PHOTO I.D. CARD** for applicant (if a minor send copy of parent's I.D. for verification purpose only. (example: Driver's License, State I.D., Tribal I.D. or school I.D.)
5. If you own trust property, submit Individual Indian Monies (IIM) Account Number. (eg. 806U123456)
6. If parents, grandparents, great-grandparents, are not on the Caddo Roll, it is **REQUIRED TO SUBMIT ORIGINAL STATE CERTIFIED BIRTH CERTIFICATES on each person** that links applicant to the nearest Caddo Allottee.
7. Copies of Court Proceedings, Probating the Estate of your deceased ancestor(s), are encouraged. *Submit a copy with your application if there have been such proceedings.*
8. In cases of Adoption, Caddo Blood quantum must be proven on the natural parent(s). *A notarized copy of Adoption Proceedings must be submitted with the application.* The notarized copy will remain on file. **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATES before and after adoption is REQUIRED.**
9. If you go by a different name, other than what is on your Birth Certificate, *then a notarized copy of legal name change is REQUIRED.* The notarized copy will remain on file.
10. **For other Federally Recognized Tribal Blood quantum**, other than Caddo Blood, *you are REQUIRED to submit a form of documentation for self and/or parents. (ex. CDIB or Award Letter)*
11. **FOR MINORS Only:** For applicants between the ages of 0-17 years. If you are not the biological parent of the applicant, submit legal guardianship documentation, such as a court order, which grants custody to you. Parent must sign application, if no legal custody documentation.
12. If a **NAME CHANGE** is needed, please send in supporting documentation (Marriage License, Court Order, etc.) If a change needs to be made and the member is under 18 years of age, then a parent or guardian must make the change.

RETURN TO:

Caddo Nation Enrollment Department
P.O. Box 487
Binger, Oklahoma 73009
Ph: (405) 656-2344 ext. 221 / 257
Enrollment Fax: (405) 656-2551
Complex Fax: (405) 656-2892



**MEMBERSHIP APPLICATION
For Enrollment with the
CADDO NATION**

=ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL=

PLEASE PRINT CLEARLY

Degree of Caddo Indian Blood: _____

1. APPLICANT'S NAME: _____

Maiden, Indian or other name by which known: _____

D.O.B.: _____ SSN: _____ GENDER: Female Male

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone #: _____ Message #: _____

Email: _____ Marital Status: _____

VITAL STATISTICS:

Hospital/Facility: _____

Birth City: _____ Birth State: _____ Birth County: _____ Birth Zip Code: _____

2. YES NO - **Is Applicant Adopted?** *If Yes, please submit a copy of Adoption Documentation.*

3. YES NO - **Has the applicant's Birth Certificate been amended?**
If Yes, please state reason: _____

4. YES NO - **Do you have Indian Blood from another Indian Tribe?**
If Yes, Name of other Tribe: _____ Degree of Blood: _____
Name of other Tribe: _____ Degree of Blood: _____

5. YES NO - **Are you enrolled with another Indian Tribe as a member of that tribe?**
If yes, Name of that tribe: _____

6. YES NO - **If you are a member of another Indian Tribe, have you received benefits in Land or Money by virtue of such enrollment?**

7. YES NO - **Have you ever relinquished your rights with another tribe? If Yes, which tribe:** _____

8. Give the **NAME OF CADDO ANCESTOR** and **ALLOTTEE NUMBER** of the Caddo Indian Allottee(s):
Allottee Name(s): _____ Allottee #: _____

9. **What is the Relationship of the Ancestor/Allottee to you?** _____

**CADDO NATION
ENROLLMENT DEPARTMENT
MEMBERSHIP RECORD**

APPLICANT'S MOTHER

Mother's Name: _____ DOB: _____

Enrolled Caddo: Yes No Roll #: _____ Degree of Caddo Blood: _____

Enrolled in or possess blood of a tribe other than Caddo: Yes No Non-Indian

If yes, please provide a copy of Membership Card or CDIB.

NAME OF OTHER TRIBE(S): _____ DEGREE OF BLOOD: _____

APPLICANT'S FATHER

Father's Name: _____ DOB: _____

Enrolled Caddo: Yes No Roll #: _____ Degree of Caddo Blood: _____

Enrolled in or possess blood of a tribe other than Caddo: Yes No Non-Indian

If yes, please provide a copy of Membership Card or CDIB.

NAME OF OTHER TRIBE(S): _____ DEGREE OF BLOOD: _____

Did you serve in the United States Military? Yes No N/A

Active Duty/Reserve/National Guard: _____

Branch: _____

Date Entered: _____ Date Discharged: _____

PERSON COMPLETING THE APPLICATION FOR MINOR (you must be the applicant's custodial parent or legal guardian)

Print Name: _____ Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: (_____) _____

Email: _____

**REMEMBER TO KEEP ENROLLMENT
APPLICATION FILE UPDATED. IF YOU
HAVE A CHANGE OF ADDRESS OR NAME
CHANGE, PLEASE CONTACT THE
ENROLLMENT DEPARTMENT
AS SOON AS POSSIBLE.**

APPLICANT: Please allow four (4) to six (6) weeks for processing once all documentation has been turned in. If the applicant is of other tribal decent, the application may take longer to process due to the length of time it takes to receive verification from the other tribe(s).

(Persons 18 years of Age or older must sign their own application.)

Applicant Signature: _____ **Date:** _____

****If Minor, Parent or Legal Guardian must sign the Application.**

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 Tribe: _____ Degree: _____ Date of Birth: _____ Other Tribes: _____		FATHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GRANDFATHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GREAT-GRANDFATHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDMOTHER TRIBE: _____ DEGREE: _____	
MOTHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GRANDMOTHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GREAT-GRANDMOTHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDFATHER TRIBE: _____ DEGREE: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDMOTHER TRIBE: _____ DEGREE: _____	
GRANDFATHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GREAT-GRANDFATHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDMOTHER TRIBE: _____ DEGREE: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDFATHER TRIBE: _____ DEGREE: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDMOTHER TRIBE: _____ DEGREE: _____	
GRANDMOTHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		GREAT-GRANDMOTHER Tribe: _____ Degree: _____ Roll No. _____ Date of Birth: _____ Date of Death: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDFATHER TRIBE: _____ DEGREE: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDMOTHER TRIBE: _____ DEGREE: _____		TRIBE: _____ DEGREE: _____ GREAT-GREAT-GRANDFATHER TRIBE: _____ DEGREE: _____	

