



# CHEYENNE AND ARAPAHO TRIBES

## DEPARTMENT OF ENROLLMENT

PO Box 134  
Concho, OK 73022  
405-422-7600, Ex: 27602, 27604 & 27606  
TOLL FREE: 1-800-247-4612  
FAX: 405-422-1168

### CDIB II APPLICATION PROCEDURES

Prior to submitting a Cheyenne and Arapaho CDIB II application, these procedures are to be completed:

- 1. Complete the **TRIBAL CDIB II APPLICATION**. Constitutional eligibility requirements: at least one enrolled parent. Please make sure the application is signed, dated, and completed.
- 2. Submit a long form, 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.

**PLEASE BE CERTAIN** all documents have been fully completed and signed **BEFORE** you submit them to the Enrollment Office. **THEY WILL BE RETURNED TO YOU IF THEY ARE INCOMPLETE!**



**CHEYENNE AND ARAPAHO TRIBES – DEPARTMENT OF ENROLLMENT**  
**APPLICATION FOR CDIB II**

**APPLICANT**

APPLICANT'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ DEGREE OF C & A BLOOD \_\_\_\_\_

INDIAN NAME \_\_\_\_\_ GENDER:  MALE  FEMALE

IS APPLICANT ADOPTED?  YES  NO

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**APPLICANT'S MOTHER**

MOTHER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ENROLLED C & A?  YES  NO ROLL # \_\_\_\_\_ DEGREE OF C & A \_\_\_\_\_

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**APPLICANT'S FATHER**

FATHER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ENROLLED C & A?  YES  NO ROLL # \_\_\_\_\_ DEGREE OF C & A \_\_\_\_\_

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

PRINTED NAME \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**IT IS A CRIMINAL OFFENSE  
UNDER FEDERAL AND TRIBAL  
LAW TO PRESENT FALSE OR  
UNTRUE INFORMATION FOR  
ENROLLMENT PURPOSES**