



## CHEYENNE AND ARAPAHO TRIBES

### DEPARTMENT OF ENROLLMENT

PO Box 134

Concho, OK 73022

405-262-0345, Ext. 27600

TOLL FREE: 1-800-247-4612 Ext. 27600

FAX: 405-422-8238

## TRIBAL ENROLLMENT PROCEDURES

*Prior to returning this Enrollment Packet to the Department of Enrollment, these procedures are to be completed:*

- 1. Complete the **TRIBAL ENROLLMENT APPLICATION**. Constitutional eligibility requirements: at least one enrolled parent and a blood quantum equal to or greater than  $\frac{1}{4}$  Cheyenne and/or Arapaho blood. **Enrolled parent must be present on Birth Certificate**. 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.
- 3. Submit a **SOCIAL SECURITY CARD**. Our office must copy from the original document! If mailed in, the original will be returned to you via certified mail.
- 4. **Regarding MINORS only:** Submit a **NOTARIZED CUSTODY AFFIDAVIT**. For applicants between the ages of 0-18 years. If you are not a biological parent of the applicant, submit legal guardianship documentation, such as a court order, which grants custody to you. The affidavit enclosed, though distributed by the Per Capita Office, will need to be completed and returned with this application.
- 5. Complete the **MEMBERSHIP RECORD** form. This information pertains to the applicant, his/her parents' names, dates of birth, and his/her siblings.
- 6. Complete the **FAMILY TREE** form. This information pertains to the applicant's genealogy on both sides of his/her family.
- 7. **DOCUMENTATION FROM OTHER INDIAN TRIBE** or agency. If the applicant possesses blood of any quantity from an Indian tribe other than Cheyenne and Arapaho, the "*Burden of Proof*" is on the applicant. It is the responsibility of the applicant to present the appropriate documentation proving he/she is not enrolled with another tribe, has not shared in any land or money by virtue of having been enrolled as a member of any other tribe, or has no pending enrollment application with another tribe. If the applicant is a minor, the "*Burden of Proof*" is the parent(s)' responsibility. A form has been provided with this packet for the purpose of providing this information. It is the appropriate documentation to be utilized in the application process.
- 8. **Please be informed:** If land or money was received by virtue of having been enrolled with another tribe, the tribal constitution states the applicant cannot be enrolled. If applicant is a member of another tribe, and no land or money has been received, a **CONDITIONAL RELINQUISHMENT** from that tribe must also be provided with the application, *along with* the "OTHER TRIBE" letter.

**PLEASE BE CERTAIN** all documents have been fully completed and signed **BEFORE** you submit them to the Department of Enrollment.

**APPLICATION WILL BE RETURNED TO YOU IF IT IS INCOMPLETE!**



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

**APPLICANT**

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

SOC. SEC. # \_\_\_\_\_ INDIAN NAME \_\_\_\_\_ GENDER:  MALE  FEMALE

IS APPLICANT ADOPTED?  YES  NO If yes, please submit the Final Decree of Adoption.

For purposes of burial & emergency situations, I designate the following as NEXT OF KIN \_\_\_\_\_

SPOUSE  MOTHER  FATHER  SIBLING  SON  DAUGHTER  OTHER (please specify) \_\_\_\_\_

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**APPLICANT'S MOTHER**

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

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

OTHER TRIBAL AFFILIATION?  YES  NO

NAME OF OTHER TRIBE \_\_\_\_\_ DEGREE OF BLOOD \_\_\_\_\_

ADDRESS OF OTHER TRIBE \_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT'S FATHER**

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

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

OTHER TRIBAL AFFILIATION?  YES  NO

NAME OF OTHER TRIBE \_\_\_\_\_ DEGREE OF BLOOD \_\_\_\_\_

ADDRESS OF OTHER TRIBE \_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_

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

COUNTY \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

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

# AFFIDAVIT OF CUSTODY

FOR MEMBERSHIP APPLICANTS UNDER 18 YEARS OF AGE

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

I hereby state that the following named minor: \_\_\_\_\_

Soc. Sec. Number:

Birth date:

Home Phone#:

Emergency Phone#:

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

In the custody and care of: \_\_\_\_\_

Name

Relationship to Minor

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO SIGN THE FOLLOWING STATEMENT:

**18 United States Code, Section 1001, Federal Law Governing Fraud:**

*"Whoever, in any matter within the jurisdiction of any Department of Agency of the United States knowingly and willfully falsified, conceals, or covers up by any trick, scheme, or device a material fact, or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both".*

**I have read, and understand, the preceding of Federal Law:**

\_\_\_\_\_  
Signature of person filing affidavit

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

MY COMMISSION NO: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



# CHEYENNE AND ARAPAHO TRIBES – DEPARTMENT OF ENROLLMENT

## FAMILY TREE

THE FOLLOWING IS THE CURRENT GENEALOGY ON FILE FOR:

APPLICANT'S NAME

FATHER'S NAME

MOTHER'S NAME

GRANDFATHER'S NAME

GRANDMOTHER'S NAME

GREAT GRANDFATHER'S NAME

GREAT GRANDMOTHER'S NAME

GREAT GRANDFATHER'S NAME

GREAT GRANDMOTHER'S NAME

GREAT GRANDFATHER'S NAME

GREAT GRANDMOTHER'S NAME

GREAT GRANDFATHER'S NAME

GREAT GRANDMOTHER'S NAME



**CHEYENNE & ARAPAHO TRIBES—DEPARTMENT OF ENROLLMENT  
MEMBERSHIP RECORD**

Applicant's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS # \_\_\_\_\_  Male  Female

**FATHER**

NAME		D.O.B.
TRIBE	DEGREE	AGENCY
OTHER TRIBE	DEGREE	AGENCY

**MOTHER**

NAME		D.O.B.
TRIBE	DEGREE	AGENCY
OTHER TRIBE	DEGREE	AGENCY

**BROTHERS**

NAME	D.O.B.	D.O.D.	ROLL #

**SISTERS**

NAME	D.O.B.	D.O.D.	ROLL #

**CHILDREN**

NAME	D.O.B.	D.O.D.	ROLL #

**SPOUSE**

NAME	D.O.B.	D.O.D.	ROLL #

**MILITARY SERVICE RECORD**

Did you serve in the United States Military?  YES  NO

Date Entered \_\_\_\_\_

Date Discharged \_\_\_\_\_

Branch \_\_\_\_\_

Military Serial # \_\_\_\_\_



**Cheyenne and Arapaho Tribes  
DEPARTMENT OF ENROLLMENT**

**P.O. Box 134 . Concho, OK 73022 . (405) 422-7600 . Toll Free (800) 247-4612 . Fax (405) 422-8238**

**TO THE APPLICANT:**

This form will be used to provide the "Burden of Proof" regarding blood from another tribe. You must complete **SECTION A**. If you have blood from any other tribe(s), you must send a copy of this form to each of those tribal enrollment office(s) so they can complete **SECTION B**. Leave the form with the tribe—their office will return it to our Tribal Enrollment Office. You must follow up with our office to see if this form has been returned to our office. When received, you may send the rest of your application.

<b>SECTION A</b> TO BE COMPLETED BY THE APPLICANT	<b>Applicant</b>	Name _____	D.O.B. _____
	<b>Applicant's Father</b>	Name _____	D.O.B. _____
		Tribe _____ Blood Quantum _____ Roll No. _____	<i>(Please complete this information to the best of your knowledge)</i>
	<b>Applicant's Mother</b>	Name _____	D.O.B. _____
		Tribe _____ Blood Quantum _____ Roll No. _____	<i>(Please complete this information to the best of your knowledge)</i>

**TO THE "OTHER TRIBE" ENROLLMENT DEPARTMENT:**

The above individual is applying for membership with the Cheyenne-Arapaho Tribes, and must therefore, secure the "Burden of Proof" that he/she is not enrolled with your tribe, has not shared in any land or money by virtue of having been enrolled as a member of your tribe, or has no pending enrollment application with your tribe.

<b>SECTION B</b> TO BE COMPLETED BY THE "OTHER TRIBE" ENROLLMENT OFFICE	<b>PLEASE CHECK YOUR TRIBAL RECORDS AND ANSWER THE FOLLOWING QUESTIONS:</b>	
	▪ Is the applicant enrolled as a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Roll Number _____
	▪ Has the applicant above applied for Membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▪ Has this applicant ever received land or money as an enrolled member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount \$ _____
	▪ Is the applicant's <b>father</b> enrolled as a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Roll Number/Degree _____
	▪ Is the applicant's <b>mother</b> enrolled as a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Roll Number/Degree _____
	Certified on behalf of the _____ Tribe.	
	Signature _____	Title _____
	Date _____	

**MAIL FORM TO:**  
Cheyenne and Arapaho Tribes  
Department of Enrollment  
P.O. Box 134  
Concho, OK 73022

**OR**

**FAX FORM TO:**  
Department of Enrollment  
(405) 422-8238