CDIB/Membership

Choctaw Nation of Oklahoma
PO Box 1210 Durant, OK 74702
Phone: (580) 924-8280 or (800) 522-6170 ext. 4030
Fax: (580) 920-7001
Email: cdib-membership@choctawnation.com

I am requesting:

First Time CDIB/Member

- ☐ CDIB/Membership with Photo
- ☐ CDIB/Membership without Photo

Replacement/Update CDIB/Member

- ☐ CDIB/Membership with Photo
- ☐ CDIB/Membership without Photo
- ☐ Address change only (**no card issued**)

Please complete one (1) for ALL applicants. If under 14 years of age, a parent or guardian will need to sign. If 14 years of age & older, the applicant must sign for himself/herself (if photo is requested on card).

First Name (please print) Middle Last Maiden

Physical Address Mailing Address (if different) City

State Zip Code County Phone Number

Birthday Gender Social Security Number Email

CHECKLIST

First time CDIB/Member (with or without photo)

- ☐ CDIB/Membership application (pages 1-4)
- ☐ Original state full form birth certificate
- ☐ Sworn Statement Affidavit (signed by Native American parent(s) and notarized)
- ☐ Copy of social security card
- ☐ Passport style photo (for those 14 and older & applying for CDIB/Membership with photo card)
- ☐ Secondary identification (for those 14 and older & applying for CDIB/Membership with photo card)

Replacement/Update CDIB/Member (with or without photo)

- ☐ CDIB/Membership application (page 1 only)
- ☐ Passport style photo (for those 14 and older & applying for CDIB/Membership with photo card)
- ☐ Secondary identification (for those 14 and older & applying for CDIB/Membership with photo card)

Veteran/Active Duty? Yes No (circle one) If yes, please provide documentation for veteran status to be displayed on card

I certify that the information given in this application is true. I am eligible to be a member of the Choctaw Nation of Oklahoma as defined in the Constitution of the Choctaw Nation of Oklahoma. I understand that false or erroneous information can cause loss of membership. I am not a registered member of another tribe, nor am I registered to vote with another tribe.

Signature_____ **Date**_____

(indicate relationship if other than applicant)

*** For all CDIB/Membership cards, the applicant must be verified. You may receive a letter requesting additional documentation.**

****Please see attached FAQ for further detailed instructions**

For Office use only: Verified? Yes No CN_____ ID# _____ Clerk_____

Certificate of Degree of Indian Blood Card Application for the Choctaw Nation of Oklahoma

Date: _____

_____

Address City State Zip

Is applicant adopted? Yes____ No____

If answer is yes, list natural parents. See instructions on 2nd page in case of adoption.

***Incomplete applications will be returned**

****Follow Indian blood lines only using maiden names for females**

******Please provide additional lineage on separate sheet, if necessary**

_____

Applicant Name

_____

Date of Birth

_____

State of Birth

CDIB ( ) YES ( ) NO
Father:
_____
Tribe:_____
Date of Birth_____
Date of Death_____

CDIB ( ) YES ( ) NO
Mother: (Maiden name)
_____
Tribe:_____
Date of Birth_____
Date of Death_____

CDIB ( ) YES ( ) NO
Paternal Grandfather:
_____
Tribe:_____
Date of Birth_____
Date of Death_____

CDIB ( ) YES ( ) NO
Paternal Grandmother:
_____
Tribe:_____
Date of Birth_____
Date of Death_____

CDIB ( ) YES ( ) NO
Maternal Grandfather:
_____
Tribe:_____
Date of Birth_____
Date of Death_____

CDIB ( ) YES ( ) NO
Maternal Grandmother:
_____
Tribe:_____
Date of Birth_____
Date of Death_____

Paternal Great-Grandfather:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Paternal Great-Grandmother:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Paternal Great-Grandfather:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Paternal Great-Grandmother:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Maternal Great-Grandfather:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Maternal Great-Grandmother:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Maternal Great-Grandfather:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

Maternal Great-Grandmother:
_____
Tribe & Roll # _____
Date of Birth_____Death_____

X_____

Signature of applicant, or parent or guardian of minor
(Indicate relationship if other than applicant)

ALL CDIB Applications Must be signed.
CDIB Cards WILL NOT be issued without a signature.

PLEASE READ THIS ENTIRE PAGE FOR IMPORTANT INFORMATION REGARDING CDIB APPLICATION REQUIREMENTS

CERTIFICATE OF DEGREE OF INDIAN BLOOD

The application for Certificate of Degree of Indian Blood (CDIB) must be completed showing your DIRECT lineage to an original enrollee on the Final Choctaw Dawes Rolls, registered with a blood quantum. (Please use both married and maiden names for females).

The DAWES COMMISSION ROLL BOOK, the FINAL ROLL of the Five Civilized Tribes, which is used for establishing CDIB, was compiled primarily during the years of 1899-1906. Anyone who died before 1899 or was born after March 4, 1906 DOES NOT HAVE A ROLL NUMBER.

You can have more than one tribe listed on your CDIB card if it is one of the other Five Civilized Tribes (Creek, Chickasaw, Cherokee, and Seminole) and you or your parent(s) have already been established with that tribe.

DOCUMENTS REQUIRED TO PROCESS APPLICATION

1. An **ORIGINAL** state certified (full form) birth certificate (both sides) is required for each applicant. If anyone in your immediate family or your direct lineage has been issued a CDIB card previously, the required birth/death certificates may already be on file in the CDIB office. However, if you have received a letter requesting documentation, then we have already researched and do not have them on file. If no one in your direct lineage has ever been issued a CDIB, you will need to provide **ORIGINAL** state certified full form birth/death certificates (both sides) for each person in your lineage back to, and including, the enrollee.

2. Delayed birth/death certificates and computerized/electronic birth certificates require additional supporting documentation. All applicants need to complete the sworn statement affidavit (see Sworn Statement Affidavit faq).

3. If you are adopted, you must trace your Choctaw blood through your natural (biological) parent(s). We will need the **ORIGINAL state certified full form birth certificate (after adoption)** and a **copy of the adoption decree**. If the adoption decree does not show the natural parent(s), you will **also** need to submit one of the following: (1) A copy of your birth certificate before adoption, showing natural parent(s) name(s) or (2) **a copy of the Petition to adopt**, that specifically names your natural (biological) parent(s). Additional documentation may be required.

4. Certified copies of birth certificates, delayed birth certificates, and death certificates may be obtained from the State Bureau of Vital Statistics in the state in which a person was born or died. **DO NOT go online to obtain a state birth certificate as it may result in acquiring the wrong form**.

- ✓ **All applications must be accompanied by the required state certified birth/death certificates.**
- ✓ **The state issued birth/death certificate must show full parentage and must be signed by the state registrar.**
- ✓ **All birth certificates must display a state file number.**

WE DO NOT ACCEPT HOSPITAL, CITY, COUNTY OR STATE SHORT FORM BIRTH CERTIFICATES.

Mail completed applications and required documents to:

Choctaw Nation of Oklahoma
CDIB office
P.O. Box 1210
Durant, OK 74702

Questions? Call toll free (800) 522-6170
or (580)924-8280 ext 4030 Fax: (580) 920-7001

Print

SWORN STATEMENT AFFIDAVIT

I, _____, do solemnly swear that I am the natural mother of
Mother (full maiden name, as it appears on birth certificate)

_____ whose date of birth is _____; and that
Child (full name, as it appears on birth certificate)

_____ is the natural father of my child. This birth occurred in
Father (full name, as it appears on birth certificate)

_____.
(City and state)

_____
Signature of natural father

_____
Printed name

_____

_____
Mailing address

_____

_____
Physical address

H: _____C:_____
Phone number

Subscribed and sworn to me
this ____ day of _____, 20____.

Notary: _____
commission expires: _____
Commission No: _____

_____
Signature of natural mother

_____
Printed name

_____

_____
Mailing address

_____

_____
Physical address

H: _____C:_____
Phone number

Subscribed and sworn to me
this ____ day of _____, 20____.

Notary: _____
commission expires: _____
Commission No: _____

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device or material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both.

June 25, 1948, C. 645, 62 Stat. 749.

Clerk:

FAQ and Instructions

WHAT IS THE CDIB/MEMBERSHIP CARD? The CDIB/Membership is a card that combines the Certificate of Degree of Indian Blood (CDIB), Membership, and Photo ID (if photo is submitted) into one card.

WHAT IS REQUIRED TO GET THE CDIB/MEMBERSHIP CARD? In order to be issued a CDIB/Membership card, members and new applicants must be **verified.** This means that all correct birth and death certificates, as well as any additional required documents in an individual's lineage back to and including the Dawes enrollee, must be on file.

WHAT ELSE AM I REQUIRED TO PROVIDE? At least one additional form of photo identification is needed to prove identity and obtain the new CDIB/Membership card. Accepted forms of identification are a current state issued driver's license, state issued ID card, passport, military ID, employee photo ID or school issued photo ID. (please send a copy of the ID)

WHAT PHOTOS ARE ACCEPTABLE FOR THE CDIB/MEMBERSHIP WITH PHOTO CARD? Please send in a passport style photo. It should be a head and shoulders only LJKƶźƶ with a ØKƛźŜ ǎƶťŘ colored background, no glasses or hats. Faxes or copies of photos will not be accepted. Only photos mailed in with applications (please write name and birth date on the back of each photo), emailed with applications, or walk-ins at the Membership office will be accepted. If a photo is not supplied, members will be issued a CDIB/Membership card without a photo.
Please refer to this website for photo requirements:
https://travel.state.gov/content/travel/en/passports/requirements/photos.html

CAN MY CHILD GET A CDIB/MEMBERSHIP WITH PHOTO CARD? Children under 14 years of age will be issued a CDIB/ Membership card without a photo. Once they have reached age 14, they will be eligible to receive the CDIB/ Membership card with Photo. (14 and up with photo: the applicant's signature is required)ID needed if minor will be 18 within the current year,child must sign application.

DOES THE CARD EXPIRE? The CDIB/Membership card will expire five years from the date of issue. At this time, your photo and information should be updated. (this does not mean you are no longer a member)

WHAT IF I LOSE MY CARD BEFORE IT EXPIRES? One replacement card will be issued during the five year expiration period.

WHAT IF MY ADDRESS CHANGES? If you have an address change, please submit a CDIB/Membership application and a new card will be issued to you.

WHAT ABOUT A NAME CHANGE? In cases of legal name change and adoption, please submit a CDIB/Membership application along with court documents and the original birth certificate in the new name. If name is from a marriage please submit a copy of your updated ID showing married name or a copy of your marriage license.

WHAT IS A SWORN STATEMENT AFFIDAVIT (SSA)? A Sworn Statement Affidavit is used as a supporting document to birth certificates that require additional verification, such as computerized, delayed, and birth abroad.

WHO IS REQUIRED TO SIGN THE SSA? Only the Native American parent is required to fill out, sign and have the document notarized. If both parents are Native American, both are required.

IS THERE A CERTAIN WAY TO FILL OUT THE SSA? Please take care when filling out the top five spaces of the SSA, they need to be written exactly as they are entered on the birth certificate. Please make sure that the mother's maiden last name is used instead of her married last name.

***A copy of your social security card is now required when you file for a CDIB. Please list your entire social security number on all paperwork.**

CHOCTAW VOTE
Be a Voice
Be a Choctaw Voter

Voter Registration Form

CHOCTAW NATION OF OKLAHOMA
PO Box 1210 Durant, OK 74702
Phone: (580) 924-8280 or (800) 522-6170, ext. 2289, 5190, 4854
Email: voterregistration@choctawnation.com

First Name (please print) **Middle** **Last/Suffix** **Maiden**

Birth Date **Last 4 Digits of Social Security Number** **Phone Number** **Email**

Street or 911 Address **City** **State** **Zip Code** **County**
OR, Provide Physical Directions to your home from the nearest town/city or major highway
(A physical address must be provided in order to register)

Mailing Address (if different than above) **City** **State** **Zip Code**

DISTRICT AFFILIATION

NON-RESIDENTS ONLY: If you live outside of the Choctaw Nation boundaries, you may affiliate with ONE of the districts below, however, it is not required. If you affiliate with a district, you will be mailed a ballot when there is a Tribal Council Member election for that district. *Once you affiliate you must remain in the district you have chosen, unless you move within the Choctaw Nation boundaries*. If you choose not to affiliate, you will only be mailed a ballot when there is an election for Chief of the Choctaw Nation and/or an election on a proposed constitutional amendment.

PLEASE CHECK THE DISTRICT YOU WOULD LIKE TO AFFILIATE WITH OR if you prefer "NOT TO AFFILIATE" with a particular district, then you may check this box instead: ☐ **I choose not to affiliate at this time**

☐ District 1	☐ District 2	☐ District 3	☐ District 4	☐ District 5	☐ District 6
☐ District 7	☐ District 8	☐ District 9	☐ District 10	☐ District 11	☐ District 12

RESIDENTS: Residents of the Choctaw Nation **10 ½ county service area (below)** will be assigned to vote in the district in which they reside.

ADDRESS RELEASE AUTHORIZATION

Would you like your address released to candidates who run for Choctaw Nation Chief and Tribal Council?
☐ **YES** (I want my address released.) ☐ **NO** (I do not want address released.)

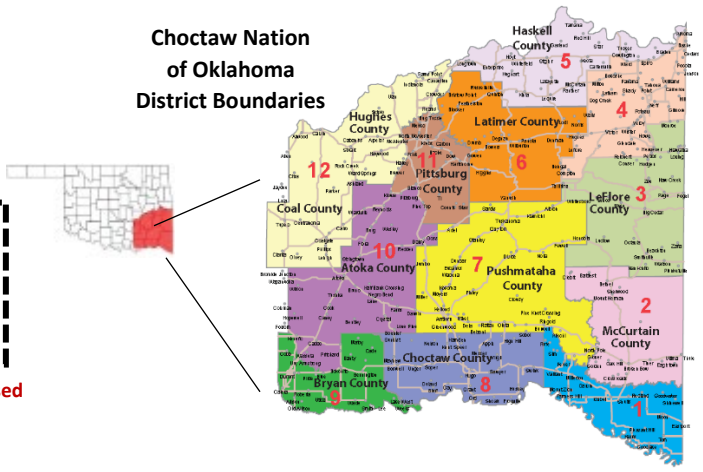
I certify that the information given on this application is true. I am eligible to be a registered voter of the Choctaw Nation as stated in the Constitution of the Choctaw Nation of Oklahoma. I understand that false or erroneous information can cause loss of voting privileges. I am not a member of another tribe, nor am I registered to vote with another tribe.

Date:_____/_____/_____

Sign Here

Signature of Applicant or Guardian - Forms without signature will not be processed

Choctaw Nation of Oklahoma District Boundaries



FOR DEPARTMENT USE ONLY
Voter Record # *Date Processed/Initials:* *District Assigned:* *VRC Issued / Pending / Guardianship on Record*
Notations:
Form# *Date Scanned/Initials:*

V3.20200327

Print & Sign Form Clear Form

General Instructions

Use Blue or Black Ink to Complete This Form.

When to Use the Voter Registration Form

- ✓ 1st time registration for Choctaw Nation Tribal Elections; Eligible tribal members can pre-register at 17 ½ years old.
- ✓ Updated Married Name.
- ✓ Update a Phone Number or Email.
- ✓ Update a physical address and/or mailing address.
- ✓ Update an Address Release Authorization.
- ✓ Update Signature.

Eligibility Checklist for Voter Registration

☐You are a Tribal Member of the Choctaw Nation of Oklahoma.

☐You are or will be 18 years of age or older on the day of the next tribal election.

☐You have fully completed your Voter Registration Form, with emphasis in the following areas:

- ✓ You provided your physical address. **(Please see guidelines below)**
  - If you have a street address or 911 address, this is your physical address.
  - A rural route, highway contract, or a post office box is NOT a physical address.
  - If you do not have a street address or 911 address, you may write directions to your home from the nearest city/town or major highway.
- ✓ You signed your form.

How to Submit the Voter Registration Form

- ➢ Deliver in person to the Voter Registration Department. Our hours of operation are Monday through Friday, excluding tribal holidays, from 8am to 4:30pm.
- ➢ Email to VoterRegistration@choctawnation.com.
- ➢ Mail to following address:
  Choctaw Nation of Oklahoma
  Attn: Voter Registration
  PO Box 1210
  Durant, OK 74702

What to Expect After You Submit Your Voter Registration Form

You will be mailed a Voter Registration Certificate once your form has been processed. You may retain the Certificate for your records or use the back of the Certificate to update your voter registration.

WEBSITE: WWW.CHOCTAWNATION.COM/VOTE