

# CDIB/Membership Application

Choctaw Nation of Oklahoma  
CDIB/Membership Department  
PO Box 1210 Durant, OK 74702



Direct Phone: (580) 634-0654  
Toll Free Phone: (800) 522-6170 ext. 4030  
Fax: (580) 920-7001  
Email: cdib-membership@choctawnation.com

**Applicants under the age of 14 will need a parent or guardian's signature. Applicants over 14 years of age must sign the application if a 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
Birthdate	Gender	Social Security Number	

**Are you a Veteran or Active Duty?** Yes No (circle one)

If yes, please provide one of the following documents to ensure veteran status is displayed on card:

- 1) Discharge Document
- 2) Active Duty Orders
- 3) VA Card

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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

**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.**

\* 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

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

Date: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Is applicant adopted? Yes \_\_\_ No \_\_\_

If yes, please list natural parents. Additional information is provided on page 3 for all adoption cases.

**\*Incomplete applications will be returned**

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Birth

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.**

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 \_\_\_\_\_

## DOCUMENTS REQUIRED TO ACCEPT AN APPLICATION

1. **Certificate of Degree of Indian Blood (CDIB) application:**

Applicant must provide biological, direct lineage to an original enrollee of the final Choctaw Dawes Roll. The enrollee must have a roll number and living during the years 1899-1906. Please provide both maiden and married names for female enrollees listed on the application.

2. **An original state certified birth certificate from the state vital records office from the state capital, with state file number signed by the state registrar and listing the natural, native parent.** This certificate will be required for each person in the lineage. Certified copies may be obtained from the State Bureau of Vital Statistics in which the person was born or deceased. Hospital, State short form, or County certificates will not be accepted. (See FAQ for more details)

a. **A notarized Sworn Statement Affidavit signed by the native parent(s).** This statement is used as a supporting document to the birth certificate requiring additional verification such as computerized, delayed, and birth abroad. Information needs to be written exactly as it appears on the birth certificate. Please ensure that the mother's maiden name is provided.

3. **Blood quantum is calculated from the natural parent(s). If the natural parent(s) of the individual cannot be determined by the birth certificate, please submit one of the following:**

a. DNA test with at least 95% accuracy determining the native natural, parent(s) in addition to the final court order determining parentage.

or

b. Adoption records including the Petition to Adopt and the Final Decree of Adoption, determining natural parentage.

4. **Copy of applicant's Social Security Card**

5. **Completed membership application, if desired**

6. **Completed voter registration application, if desired**

**\*\*\*Additional Documentation May Be Required\*\*\***

Mail completed applications and required documents to:  
Choctaw Nation of Oklahoma CDIB/Membership Department  
PO Box 1210  
Durant, OK 74702

# 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)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of natural father

\_\_\_\_\_  
Signature of natural mother

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
Physical address

H: \_\_\_\_\_ C: \_\_\_\_\_

H: \_\_\_\_\_ C: \_\_\_\_\_

Phone number

Phone number

Subscribed and sworn to me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed and sworn to me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_

Notary: \_\_\_\_\_

commission expires: \_\_\_\_\_

commission expires: \_\_\_\_\_

Commission No: \_\_\_\_\_

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:

Date:

# FAQ and Instructions

**HOW CAN I TELL IF I HAVE THE CORRECT BIRTH CERTIFICATE?** Each state issues their own style of birth certificate determined by date of birth and date of issuance. The general rule is to obtain the state issued certificate from the state vital records office from the state capital, that includes the state file number signed by the state registrar. If your state has an option for long form, full form, book copy, or flat form please obtain that copy. Once your original document is reviewed, at that time we can determine if it is correct.

**HOW DO I GET THE CORRECT BIRTH/DEATH CERTIFICATE?** DO NOT apply on-line. Please obtain the paper application to help ensure the correct form is obtained.

**WHAT IS A 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 RECEIVE A CDIB/MEMBERSHIP CARD?** 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 IS REQUIRED TO INCLUDE A PHOTO ON A CDIB/MEMBERSHIP CARD?** A copy of at least one additional form of photo identification is needed to prove identity. Accepted forms of identification are

- current state issued driver's license
- state issued ID card
- passport
- military ID
- employee photo ID or school issued photo ID.

**IF YOU WOULD LIKE TO UTILIZE YOUR CDIB/MEMBERSHIP CARD AS A FORM OF IDENTIFICATION:** Please submit a passport style, head and shoulders only, color photo with a solid white background. No glasses or hats. A fax or copy of a photo will not be accepted. Only photos mailed, emailed or submitted in person with the application 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 A MINOR CHILD RECEIVE A CDIB/MEMBERSHIP WITH PHOTO ID?** Children under 14 years of age will be issued a CDIB/Membership card without a photo. Children 14 and older will be eligible to receive a CDIB/ Membership card with Photo ID.

**DOES THE CDIB/MEMBERSHIP CARD EXPIRE?** The CDIB/Membership card does not expire. The photo included on the card will expire five years from the date of issue.

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

**WHAT IF MY ADDRESS CHANGES?** Please submit a CDIB/Membership application with updated information and a new card will be issued.

**WHAT IF MY NAME CHANGES?** In cases of legal name change and/or adoption, please submit a CDIB/Membership application along with court documents and the original birth certificate in the new name. If name change is due to marriage, please submit a copy of your updated ID, updated social security card, or a copy of marriage license.

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

<input type="checkbox"/> District 1	<input type="checkbox"/> District 2	<input type="checkbox"/> District 3	<input type="checkbox"/> District 4	<input type="checkbox"/> District 5	<input type="checkbox"/> District 6
<input type="checkbox"/> District 7	<input type="checkbox"/> District 8	<input type="checkbox"/> District 9	<input type="checkbox"/> District 10	<input type="checkbox"/> District 11	<input type="checkbox"/> 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?

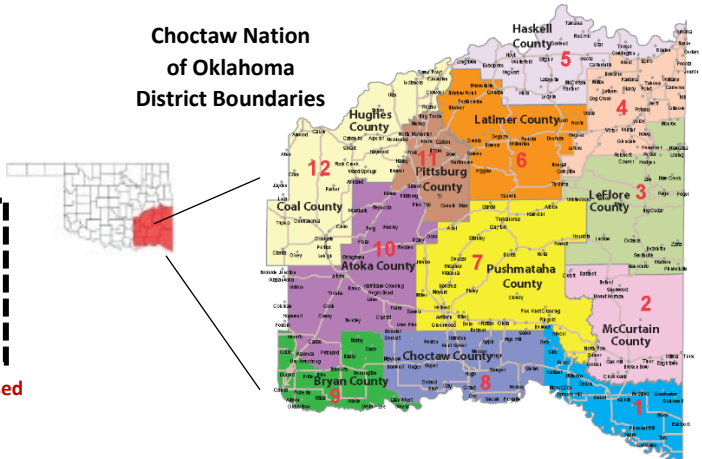
YES (I want my address released.)

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Choctaw Nation of Oklahoma District Boundaries**



Sign Here

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

FOR DEPARTMENT USE ONLY

Voter Record #

Notations:

Form#

Date Processed/Initials:

Date Scanned/Initials:

District Assigned:

VRC Issued / Pending / Guardianship on Record

## General Instructions

Use Blue or Black Ink to Complete This Form.

### When to Use the Voter Registration Form

- ✓ 1<sup>st</sup> 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](mailto: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.

