

CDIB/Membership Application

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



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 ID 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	

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

1. Discharge documents
2. Active Duty Orders
3. VA card

Signature _____

(indicate relationship if other than applicant)

Date _____

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 answer is yes, list natural parents. See instructions on page 3, 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

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

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

Father:

Tribe: _____

Date of Birth _____

Date of Death _____

CDIB () YES () NO

Mother: (Maiden name)

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 _____

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

DOCUMENTS REQUIRED TO ACCEPT AN APPLICATION

Completed application packet to include:

1. Certificate of Degree of Indian Blood (CDIB) application: must be completed showing the biological direct lineage to an original enrollee on the Final Choctaw Dawes Roll with a roll#, that was alive and registered with a blood quantum. (Please use both married names and maiden names for females)
2. An Original state certified (Full/Long Form) birth certificate with state file# and signed by the state registrar, listing the biological native parent, for each person in the lineage.
 - a. Sworn Statement Affidavit signed by the native parent and notarized.
3. "Indian blood is calculated from the natural parent". If the natural parentage of the individual cannot be determined by the birth certificate, please submit one of the following:
 - a. DNA test with no less than 95% in conjunction with a Final Court Order, establishing parentage.
 - b. Adoption records including the Petition to Adopt and the Final Decree of adoption, determining natural parentage.
4. Copy of SS# card
5. Completed membership application (if membership is 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

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

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: _____
Phone number

H: _____ C: _____
Phone number

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

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

Notary: _____
commission expires: _____
Commission No: _____

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:

Date:

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 IS REQUIRED TO GET A PHOTO ID ISSUED? At least one additional form of photo identification is needed to prove identity and obtain the new CDIB/Membership card with photo ID. 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 color photo. It should be a head and shoulders only photo with a white solid 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 A MINOR CHILD GET A CDIB/MEMBERSHIP WITH PHOTO ID? 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 ID. (14 and up with photo: the applicant's signature is required)

DOES THE CARD EXPIRE? The PHOTO ID will expire five years from the date of issue. The CDIB card and your Membership do not expire.

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 IF MY NAME CHANGES? 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 change is from a marriage, please submit a copy of your updated ID, ss# card showing new 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.

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?

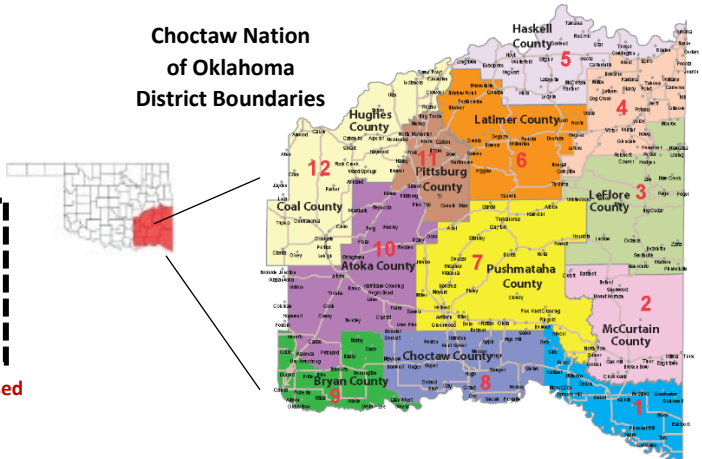
YES (I want my address released.)

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

- ✓ 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.

