

United States Department of the Interior

Choctaw Nation of Oklahoma Tribal Membership PO Box 1210 Durant, OK 74702-1210

Fax: 580-924-4529

APPLICATION FOR INDIAN PREFERENCE

ALL QUESTIONS AND BLANKS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED TO YOU WITH NO ACTION TAKEN

Name of Applicant _					
	First	Middle	Last	Maiden	
Mailing Address					
Date of Birth			Gender		
			"any Choctaw by blood w of Indians may not be a me		
Are you a member o	f or enrolled with a	nother tribe? Yes	No		
If yes, give name of t	he tribe you are a r:	nember of or enrolled wi	th:		
Biological Parent's n	ame(s) and tribe(s).				
Fath	er's name and tribe		Mother's name and tribe		
I hereby certify that	the information pro	wided on this application	is true and correct.		

Date

Applicant's signature

§ 1001. Statements or entries generally (U.S.C. Title 18)

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, a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any 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.