

Application For Indian Preference

United States Department of the Interior



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

FIRST NAME (PLEASE PRINT)

MIDDLE

LAST/SUFFIX

MAIDEN

MAILING ADDRESS

CITY

STATE

ZIP CODE

COUNTY

BIRTH DATE

GENDER

The Constitution of the Choctaw Nation of Oklahoma states that “any Choctaw by blood who has elected or shall hereafter elect to become a member of any other tribe or band of Indians may not be a member of this Nation.”

Are you a member of or enrolled with another tribe? Yes () No ()

If yes, give name of the tribe you are a member of or enrolled with: _____

Biological Parents' name(s) and tribe(s)

Father's name and tribe

Mother's name and tribe

I hereby certify that the information provided 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.



Choctaw Nation Member Services

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 | 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/SUFFIX MAIDEN

PHONE# PHYSICAL ADDRESS

CITY STATE ZIP CODE COUNTY

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP CODE COUNTY

BIRTH DATE GENDER SOCIAL SECURITY NUMBER

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

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.

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 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 Great-grandfather:

Tribe: _____

Date of Birth: _____

Date of Death: _____

CDIB: Yes () No ()

Father:

Tribe: _____

Date of Birth: _____

Date of Death: _____

CDIB: Yes () No ()

Paternal Grandmother:

Tribe: _____

Date of Birth: _____

Date of Death: _____

CDIB: Yes () No ()

Paternal Great-grandmother:

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 Great-grandfather:

Tribe: _____

Date of Birth: _____

Date of Death: _____

CDIB: Yes () No ()

Maternal Grandmother:

Tribe: _____

Date of Birth: _____

Date of Death: _____

CDIB: Yes () No ()

Maternal Great-grandmother:

Tribe: _____

Date of Birth: _____

Date of Death: _____



Documents Required to Accept an Application

1. What are the eligibility requirements to receive a Certificate of Degree of Indian Blood (CDIB)?

Applicant must provide proof of biological, direct lineage to an original enrollee of the final Choctaw Dawes Roll. The enrollee must have had a roll number and lived 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 will be required for each person in the lineage. Original state certified birth certificates need to be from the state's Bureau of Vital Records office in which the person was born or deceased with state file number signed by the state registrar and listing the natural, native parent(s).

Hospital certificates, state short forms, or county certificates will not be accepted.

- a. A notarized Sworn Statement Affidavit signed by the native parent(s) can be used as a supporting document to the birth certificate requiring additional verification such as computerized, delayed, or birth abroad. Information needs to be written exactly as it appears on the birth certificate, ensuring 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 must be enclosed with the application.

5. Completed membership application must be enclosed if applicant wishes to apply for tribal membership.

6. Enclose completed subscription application, if desired.

7. Enclose completed voter registration application, if desired.

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

****WE DO NOT REPLACE ORIGINAL DOCUMENTS SUCH AS BIRTH CERTIFICATES THAT ARE LOST IN THE MAIL****

Mail completed applications and required documents to:
CHOCTAW NATION OF OKLAHOMA CDIB/MEMBERSHIP DEPARTMENT
PO BOX 1210
DURANT, OK 74702



Choctaw Nation Member Services

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 _____;
Child (full name, as appears on birth certificate) Date

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

This birth occurred in _____.
(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: _____



Choctaw Nation Member Services

Frequently Asked Questions (FAQS)

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. **** WE DO NOT REPLACE ORIGINAL DOCUMENTS SUCH AS BIRTH CERTIFICATES THAT ARE LOST IN THE MAIL****

How do I get the correct birth/death certificate?

DO NOT apply online. Please obtain the paper application to help ensure the correct form is obtained..

What is a CDIB/Membership Card?

The CDIB/Membership card combines the Certificate of Degree of Indian Blood (CDIB) 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
- ◆ military ID
- ◆ state issued ID card
- ◆ employee photo ID or school issued photo ID
- ◆ passport

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 Card 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.

QUESTIONS? CALL 580.634.0654 or 1.800.522.6170



Choctaw Nation Voter Registration

Voter Registration Form

FIRST NAME (PLEASE PRINT) **MIDDLE** **LAST/SUFFIX** **MAIDEN**

BIRTH DATE **LAST FOUR DIGITS OF SSN#** **PHONE#** **EMAIL**

STREET OR 911 ADDRESS **CITY** **STATE** **ZIP** **COUNTY**

Or provide physical directions to your home from the nearest town/city or major highway.
(A physical address must be provided to register.)

MAILING ADDRESS (if different from above) **CITY** **STATE** **ZIP** **COUNTY**

DISTRICT AFFILIATION

NON-RESIDENTS ONLY: If you live outside of the Choctaw Nation of Oklahoma, 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 will remain in the district you have chosen unless you move within the Choctaw Nation of Oklahoma. 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 of Oklahoma 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 of Oklahoma 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 of Oklahoma as stated in the Constitution of the Choctaw Nation of Oklahoma. I understand 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 ____/____/____

Signature of Applicant - Forms without signature will not be processed.

For Department Use Only:

Voter Record #: _____ Form #: _____

District Assigned: _____

Date Processed/Initials: _____

Date Scanned/Initials: _____

Form Status: VRC Issued Pending Guardianship on Record

Notes: _____

Choctaw Nation of Oklahoma

P.O. Box 1210 | Durant, OK 74701 | 580.642.8600 | VoterRegistration@choctawnation.com

CHOCTAWNATION.COM/VOTE

v.4 2022



Choctaw Nation Voter Registration

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.



Choctaw Nation Communications

Want to stay informed?

SUBSCRIBE TO CIRCULATION MAILOUTS : YES ☐

NO ☐

Choctaw members must be 18 years of age or the only Choctaw member in the household.

FULL NAME

MAIDEN NAME

DOB

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PHYSICAL ADDRESS

CITY

STATE

ZIP

COUNTY OF RESIDENCE

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

If yes, please complete all information below.

You cannot be subscribed until you are a member.

You may also enroll online at: choctawnation.com/subscribe/

- ☐ Biskinik
- ☐ Birthday
- ☐ Calendar
- ☐ Christmas Ornament
- ☐ Member Letter



Return form along with your application or return to the Circulation department.