

HOW TO AMEND YOUR CHOCTAW NATION TRIBAL MEMBERSHIP

To amend member records of the Choctaw Nation of Oklahoma, such as a name change, address change, record correction, lineage changes, or reinstatement of membership, a Tribal Membership Amendment Application is required. To avoid delays, follow all the instructions carefully and include the correct documents. If anything is missing or incorrect, your application may be delayed.

Step 1: Fill Out the Entire Application

- You must complete every section of the application. This includes:
 - Your full legal name (as shown on your birth certificate or legal documents)
 - o Date of birth
 - Phone number (if applicable)
 - o Email address (if applicable)
 - CN# and/or Last Four of Social Security number
 - Physical address
 - o Mailing address (if different from physical address)
 - Whether you were adopted
 - Choctaw biological parent(s) and grandparent(s) information (for females, include maiden and married names if applicable)
 - Read and mark the application attestations
 - Signature of the applicant or legal sponsor
 - If someone else is filling this out for you, they must also print their name and sign the application acting as the sponsor. If the sponsor is not a biological parent, we require legal documents (such as adoption papers, court orders, or guardianship paperwork) showing they can act for you.

Step 2: Include the Correct Documents, if applicable

- You must include the following documents to update your identity and/or family lineage based on the changes you are requesting:
- For Name Changes (If your name changed after birth)
 - Send legal documents such as:
 - Marriage license
 - Divorce papers
 - Adoption records
 - Court orders
 - Paternity affidavits
- For Social Security Number Corrections
 - Send a copy of your Social Security card or another document that shows your full name and full Social Security number.
 - o If you don't have either, see our FAQ for other options.

MAILING ADDRESS: PO BOX 1210 | DURANT, OK 74702 | PHYSICAL ADDRESS: 1802 CHUKKA HINA | DURANT, OK 74701 580.634.0654 | 800.522.6170 | MEMBERSHIP@CHOCTAWNATION.COM







- For Lineage Amendments (Adding family member(s) not included in your current lineage on file with Tribal Membership)
 - If the family members you are adding are already established with us, submit copies of certified birth certificates, starting with yourself, showing the biological connection to the Choctaw ancestor. Originals may be requested after review.
 - If the family members are not yet established with us, you must provide an original certified birth certificate from the state showing:
 - Full name, date of birth, and place of birth
 - Full names of your Choctaw biological parent(s)
 - A seal or stamp from the issuing office, state file number, and signature of the registrar
 - Filed with the state within 1 year of birth
 - If born outside the U.S., please see our FAQ.
- Sponsor or Guardian Documents (if someone else is applying for you)
 - Send legal documents showing they can act on your behalf.

Step 3: Tribal Membership Card

After your application is processed, you will receive one of the following:

- Verification Card Confirms your tribal membership. Issued if you do not provide the extra documents needed for an ID card.
- Identification Card (ID) Confirms your tribal membership and serves as a federally recognized ID (membership does not expire, but the ID function has an expiration date).
 - To receive an ID card, include with your application:
 - Passport-style photo (white background, no glasses/hat, forward-facing, chest and up)
 - One valid, unexpired secondary ID (Tribal Membership ID, State ID/Driver's License, U.S. Military ID, U.S. or Foreign Passport, Trusted Traveler ID, or contact our office for other options)

Step 4: How to Submit

- If lineage is not being amended, you may email, mail or bring your application to the Tribal Membership Office.
- For a lineage amendment requiring original documents, bring your application and original documents to the Tribal Membership Office. The mailing and physical address are at the bottom of the application. Important: The Choctaw Nation is not responsible for original documents lost in the mail. If possible, bring them in person.
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Additional Notes

- We may ask for more documents during our review.
- Check the FAQ for help with special situations or missing documents.

References

- Choctaw Nation of Oklahoma Constitution:
 - www.choctawnation.com/about/history/historical-documents
- Choctaw Nation of Oklahoma Membership Act:
 - www.choctawnation.com/about/government/voter-registration/elections/tribal-codes

- Membership FAQs:
 - www.choctawnation.com/services/tribal-membership

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TRIBAL MEMBERSHIP AMENDMENT APPLICATION

APPLICANT INFORMATION				
			Maria	
First name:	Middle name:	Last name:	Maiden name:	
Date of birth:	CN or Last four of SSN:	Phone Number:	Email:	
Physical address:		City:	State:	Zip:
Mailing address (if different):		City:	State:	Zip:
Adopted?	If Adopted, please list adoptive pare	nt(s) name(s):		
☐ Yes ☐ No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FOR LINEAGE CHANGES ONLY: CHOCTAW BIOLOGICAL PARENT(S) AND GRANDPARENT(S)				
MOTHER - Mother's full name:		Date of birth:	Date of death, if applicable:	
MOTHER'S MOTHER - Applicant's grandmother:		Date of birth:	Date of death, if applicable:	
MOTHER'S FATHER - Applicant's grandfather:		Date of birth:	Date of death, if applicable:	
FATHER - Father's full name:		Date of birth:	Date of death, if applicable:	
FATHER'S MOTHER - Applicant's grandmother:		Date of birth:	Date of death, if applicable:	
FATHER'S FATHER - Applicant's grandfather:		Date of birth:	Date of death, if applicable:	
ORIGINAL ENROLLEE:		Roll Number (if known):		
ATTESTATION AND OATH Please read and mark each attestation below				
☐ I certify that the information given in this application is true.				
☐ I am not a registered member of any other tribe or band of Indians as prohibited by the Constitution of the Choctaw Nation of Oklahoma.				
☐ I understand that false or erroneous information can result in revocation (loss) of membership.				
Signature of applicant OR printed name and signature of Parent/Guardian/Sponsor			Date:	

TM Amendment Application V102025

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