



# CHOCTAW NATION NEW MEMBERSHIP & AMENDMENT APPLICATION INSTRUCTIONS

## Step 1: Complete the Applicant's Information

Fill out all required sections completely and accurately:

- Full legal name (as shown on birth certificate or legal documents)
- Date of birth
- Social Security Number
- Phone number (if applicable)
- Email address (if applicable)
- Physical address
- Mailing address (if different)

### For New Applicants and Lineage Amendment Applicant's, also complete:

- Adoption Status
- Choctaw Biological parent(s) and grandparent(s) information - Include maiden and married names when applicable

## Step 2: Submit Required Supporting Documents

### All Applicants:

#### Sponsor/Guardian Documentation

If someone is completing the application or acting on your behalf, they must print and sign their name as the sponsor and provide legal documentation showing their authority to act for you. For sponsors who are not biological parents, acceptable documentation includes guardianship papers, court orders, adoption records, or similar legal documents.

#### Name Changes (if applicable)

Provide applicable legal records:

- Marriage license
- Divorce decree
- Adoption records
- Court orders
- Paternity affidavits

### Lineage Amendment Applicants: (Adding Family Members)

#### Birth Certificate Requirements

Submit certified birth certificate showing the biological connection to the Choctaw ancestor (refer to New Applicant Instructions for birth certificate requirements).

### New Applicants (First Time Members or Reinstatement of Membership):

#### Identity Verification

- Copy of your Social Security card or another document showing your full name and Social Security Number.

#### Birth Certificate Requirements

Submit an original or color copy (front and back) of a certified birth certificate showing:

- Full name
- Date and place of birth
- Full names of biological parent(s)
- State seal or stamp
- State file number
- Registrar's signature
- Filed with the state within one year of birth

If born outside the United States, consult the Membership FAQ.

#### Biological Parent Verification (if not listed on birth certificate)

Provide one of the following:

- Original DNA test results from an AABB-accredited laboratory showing at least a 95% match to a Choctaw parent
- Court-filed documents identifying biological parent(s)
- Adoption records clearly identifying biological Choctaw parent(s)

## Step 3: Review the Attestation & Sign

- Read & acknowledge the application attestation
- Signature of applicant or legal sponsor

## Step 4: Submit Application

Submit application by Mail, In-Person At Membership Office, Email or Online via Chahta Achvffa Membership Application.

## IMPORTANT NOTES

- Incomplete applications or missing documents may delay processing.
- Additional documentation may be requested during review.
- Review the Membership FAQ for special situations or missing document guidance.
- CNO is not responsible for original documents lost in the mail; in-person delivery or secure online application via Chahta Achvffa is recommended when possible.

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



# CHOCTAW NATION NEW MEMBERSHIP & AMENDMENT APPLICATION

- New/Reinstatement Membership
- Amendment (Change to BQ/  
Lineage/Name)

APPLICANT			
First Name	Middle Name	Last/Married Name	Maiden Name
Date of Birth	Social Security Number	Phone Number	Email
Physical Address		City	State      Zip
Mailing Address, if different than Physical		City	State      Zip
Adopted? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If Adopted, please list Adoptive Parent(s) Name(s)		

APPLICANT'S CHOCTAW BIOLOGICAL PARENTS AND GRANDPARENTS			
Use separate page for additional lineage if needed.			
<b>CHOCTAW MOTHER:</b> Mother's Full Name		<b>CHOCTAW FATHER:</b> Father's Full Name	
Date of Birth	Date of Death, if applicable	Date of Birth	Date of Death, if applicable
<b>MOTHER'S CHOCTAW MOTHER:</b> Applicant's Grandmother		<b>FATHER'S CHOCTAW MOTHER:</b> Applicant's Grandmother	
Date of Birth	Date of Death, if applicable	Date of Birth	Date of Death, if applicable
<b>MOTHER'S CHOCTAW FATHER:</b> Applicant's Grandfather		<b>FATHER'S CHOCTAW FATHER:</b> Applicant's Grandfather	
Date of Birth	Date of Death, if applicable	Date of Birth	Date of Death, if applicable
<b>ORIGINAL CHOCTAW ENROLLEE NAME:</b>		<b>ORIGINAL CHOCTAW ENROLLEE NAME:</b>	
Roll Number (If known)		Roll Number (If known)	
<b>ORIGINAL CHOCTAW ENROLLEE NAME:</b>		<b>ORIGINAL CHOCTAW ENROLLEE NAME:</b>	
Roll Number (If known)		Roll Number (If known)	

APPLICANT ATTESTATION AND OATH	
Please read and mark the attestation below:	
<input type="checkbox"/> I certify that the information in this application is true, that I am eligible for membership under the Constitution of the Choctaw Nation of Oklahoma, and that I am not enrolled in any other tribe or band of Indians. I understand that false or incorrect information may result in denial or revocation of membership.	
<b>Signature of Applicant</b> (If Under 18, parent/guardian/sponsor must print name and sign.)	<b>Date</b>

TM Application V062026

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