



CHEROKEE NATION
Tribal Registration Department

P.O. Box 948
Tahlequah, OK 74465-0948
Email: registration@cherokee.org
Phone: 918-458-6980

Tribal Registrar
Derrick Vann

Assoc. Tribal Registrar
Jon Overacker

CHECKLIST FOR CITIZENSHIP

- Must submit a completed application for Citizenship (must list name(s) of ancestor and Dawes roll number).
- Applicant, eighteen (18) years of age or older, must sign their own application. If the applicant is under the age of eighteen (18), the application must be signed by the Custodial parent or Legal Guardian. Custodial parent or Legal Guardian must provide certified court documents signed by a Judge.
- A copy of the applicant's Driver's License or state ID is required. If under the age of eighteen (18), the Custodial parent or Legal Guardian must provide a copy of their Driver's License or State Issued ID.
- If submitting a Computer-Generated Birth Certificate, the Cherokee parent must complete the attached affidavit for the applicant. Upon review of the application and documents submitted, additional documentation may be required.
- When you are tracing back to the original enrollee, you must submit a State Certified Birth and/or Death Certificate for every Cherokee ancestor listed on the application. Please see instructions for more information.
- Name Changes due to Marriage and/or Divorce** must have Driver's License or State Issued ID showing current legal name.
- Adoptions:** Must submit certified copy of Final Decree of Adoption and State Certified Full Image Birth Certificate (After Adoption). If the birth parents are not listed in the Final Decree, the Petition for Adoption will be required.

ALL ORIGINAL BIRTH AND/OR DEATH CERTIFICATES WILL BE RETURNED

If you have any questions please feel free to call Tribal Registration at 918-458-6980



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Information

To be eligible for Tribal Citizenship with the Cherokee Nation, you must be able to provide documents that connect you to an enrolled lineal ancestor, who is listed on the "DAWES ROLL" FINAL ROLLS OF CITIZENS AND FREEDMEN OF THE FIVE CIVILIZED TRIBES". This roll was taken between 1899-1906 of Citizens and Freedmen residing in Indian Territory (now NE Oklahoma).

Instructions

To insure your citizenship application is processed in a timely manner, please follow all instructions carefully. Please do not deviate or skip any requirement because this could delay your Citizenship. Please be aware that Processing times varies for every application.

- 1) Complete the application for citizenship in **BLUE/BLACK INK**. List name(s) of the closest lineal ancestor with a CDIB/Tribal Citizenship number.
- 2) The applicant will possibly need to update the last enrolled member(s) record(s) from their direct lineage.
- 3) Attach your Original **STATE CERTIFIED, FULL IMAGE BIRTH CERTIFICATE**. This document must be signed by the State Registrar, embossed with the State Seal and must list the State File number. All originals will be returned to the applicant.
 - a. If you are submitting a Computer-Generated Birth Certificate a Sworn Statement Affidavit must be signed by the Cherokee Parent.
 - b. **ATTENTION:** Hospital, city, county, abstracts or Xerox copied birth certificates are NOT acceptable. If you have one of these birth certificates you will need to order directly from State Vital Statistics office and request a **STATE CERTIFIED FULL IMAGE OF THE ORIGINAL BIRTH CERTIFICATE. DO NOT ORDER BIRTH CERTIFICATES ONLINE.** Please only use mail in order forms.
- 4) Submit State Certified, full image or the original birth and/or death record(s) of your **NON-ENROLLED** ancestor(s) through whom you are tracing. Please review the **ATTENTION** section above.
 - a. If you provide a death certificate, it must list the Cherokee parent(s) name. Upon review of the application and documents submitted additional documents may be required.
- 5) When tracing back to the original enrollee, you must submit a State Certified Full Image of the original birth and/or death certificate(s), which must list the Cherokee parent(s) as listed on the Index and Final Rolls of the Citizens of the Five Civilized Tribes. All original documents will be returned to applicant.
- 6) **ADOPTION:** Applicant(s) who have been adopted are eligible for Cherokee Nation Citizenship but must trace through their **BIOLOGICAL CHEROKEE PARENT(S)**. A certified copy of the Final Decree of Adoption and State Certified, **FULL IMAGE BIRTH CERTIFICATE AFTER ADOPTION** is required. All information submitted will remain **CONFIDENTIAL**.
- 7) Legal Name Changes must be documented with the original/certified copy of the Order of Name Change court record signed by the Judge.
- 8) **REMEMBER:** Please use Citizenship Check List to make sure you have all requirements. In the review process of the application and supporting documents, additional documents may be required. If you receive your application back, you will receive a letter requesting documents needed to make a complete application.
- 9) All Incomplete Applications will be returned to the Applicant by mail.
- 10) Please submit all completed applications and required documents to:

CHEROKEE NATION
ATT: TRIBAL REGISTRATION
P.O. BOX 948
TAHLEQUAH, OK 74465

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Applicant's Full Legal Name:

Applicant's Maiden Name (when applicable):

Applicant's Address (including zip code)
 Physical:
 Mailing:

Applicant's Date of Birth:

Father's Name:

Paternal Grandfather's Name:

Paternal Great Grandfather's Name:

Applicant's Place of Birth:

Roll No:

Roll No:

Roll No:

Is Applicant Adopted?

Yes No

DOB:

DOB:

Paternal Great Grandmother's Name:

Are Applicant's Parents Adopted?

Yes No

Deceased: Yes No
Year:

Deceased!/Year:

Roll No:

Deceased!/Year:

If Yes, list natural (birth) parents
 If known:

Paternal Grandmother's Name:

Paternal Great Grandfather's Name:

Roll No:

Roll No:

Deceased!/Year:

DOB:

Paternal Great Grandmother's Name:

Instructions:
 Trace back **ONLY** through the
 ancestor with the Dawes roll
 number.

Mother's Name:

Maternal Grandfather's Name:

Maternal Great Grandfather's Name:

**Applications submitted without
 a Dawes roll number will be
 returned.**

Roll No:

Roll No:

Roll No:

Include applicant's original, state
 certified birth certificate. If no one
 in the family has applied, please
 return with original state certified
 birth and death certificates linking
 the applicant to the Dawes enrollee.

DOB:

DOB:

Roll No:

Deceased: Yes No
Year:

Deceased!/Year:

Deceased!/Year:

If an immediate family member has
 already applied or received a card,
 please list their name and date of
 birth below:

Maternal Grandmother's Name:

Maternal Great Grandfather's Name:

Roll No:

Roll No:

Deceased!/Year:

DOB:

Maternal Great Grandmother's Name:

Deceased!/Year:

Roll No:

Deceased!/Year:

PROCESSING TIMES VARY

Date

Applicant's signature (Under age 18, parent or legal guardian signature)

I certify that the information which I
 have provided with this request to
 Cherokee Nation is true and correct.

**BUREAU OF INDIAN AFFAIRS
 REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD**

Requester's Name (list all names by which Requester is or has been known):	Requester's Address (including zip code):	Date Received by Bureau of Indian Affairs:
Requester's Date of Birth: _____ Requester's Place of Birth: _____ Is Requester Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Requester's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list natural (birth) parents: (If known) Tribe(s) with which Requester is enrolled: Roll Nos: _____	Father's name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Mother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____	Paternal Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Paternal Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____
Paternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Paternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____	Paternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Paternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____	Paternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Paternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandfather's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____ Maternal Great Grandmother's Name: _____ Tribe: _____ Roll No.: _____ DOB: _____ Deceased/Year _____

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

All BIA Agency Offices are listed in the [Tribal Leaders Directory](#).

If you need help with locating the BIA AGENCY FROM WHOM YOU RECEIVE SERVICES, please contact the Office of Indian Services at 202-513-7640.

NOTICES AND CERTIFICATION

NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.
- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures.

PAPERWORK REDUCTION ACT STATEMENT

The information collection requirement contained in 25 CFR § 70.11 and this request have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the burden imposed by the form, please send them to the Information Collection Clearance Officer, Office of Regulatory Affairs and Collaborative Action, Office of the Assistant Secretary - Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. **DO NOT SUBMIT YOUR CDIB REQUEST TO THIS ADDRESS;** you should instead submit your CDIB request to the BIA Agency from whom you receive services. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

PRIVACY ACT STATEMENT.

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. Pursuant to system of record notice, Tribal Rolls, Interior, BIA-7 (42 FR 19038), the Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive Federal program services.

NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

(Requester's signature)

(date)

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES



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(918) 453-5000

SWORN STATEMENT AFFIDAVIT - FATHER

(Please print as listed on Birth Certificate)

Applicant's Name: _____
First Name Middle Name Last Name

Applicant's Date of Birth: _____ Applicant's State of Birth: _____

NOTE: If applicable, list reason why biological Indian parent was unable to sign this affidavit.

Biological Mother's Name _____
First Name Middle Name Maiden Name Married Name

Reason: _____

Biological Father's Name: _____
First Name Middle Name Last Name

Reason: _____

I do solemnly swear I am the biological father to the applicant. To the best of my knowledge the information listed above is true and correct and no **ADOPTION** has taken place.

(Signature of Biological Father)

(To be completed by Notary Public)

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Signature

My Commission Expires

(Seal)

1001. Statements or entries generally

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.



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SWORN STATEMENT AFFIDAVIT - MOTHER

(Please print as listed on Birth Certificate)

Applicant's Name: _____
 First Name Middle Name Last Name

Applicant's Date of Birth:_____Applicant's State of Birth:_____

NOTE: If applicable, list reason why biological Indian parent was unable to sign this affidavit.

Biological Mother's full Maiden Name: _____
 First Name Middle Name Maiden Name Married Name
Reason:_____

Biological Father's full Name: _____
 First Name Middle Name Last Name
Reason:_____

I do solemnly swear I am the biological mother to the applicant. To the best of my knowledge the information listed above is true and correct and no **ADOPTION** has taken place.

(Signature of Biological Mother)

(To be completed by Notary Public)

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature

My Commission Expires

(Seal)

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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.