

**Seneca-Cayuga Tribe of Oklahoma
Enrollment Application**

Full Name: _____
List maiden name and all other names by which you have been known.

Mailing Address: _____
Street City State Zip

County: _____

Telephone number where you can be reached: _____

_____ Date of Birth Place of Birth Soc. Sec. number

List Tribe(s) in which you are an enrolled member: _____
{Enclose copy of CDIB(s)}

Degree(s) claimed in Tribe(s) listed above: _____

Mailing Address of Tribe(s): _____

Degree of Seneca-Cayuga Indian blood claimed: _____

Total degree of Indian blood claimed: _____

Is either parent enrolled as a member of another (one or more) tribe(s)?: _____

If yes, list parent(s) name(s) and with which tribe(s): [Enclose copy of CDIB(s)]

Father's name: _____ Tribe & Degree: _____

Mother's names: _____ Tribe & Degree: _____

Ancestor on base roll through whom enrollment rights are claimed:

_____ Name Roll Number Relationship to Applicant

Is applicant a direct lineal descendent of a member of the Seneca-Cayuga Tribe?: _____

Has applicant ever received a per capita payment as member of other tribe(s)? _____

If yes, what tribe? _____

Is application being filled out on behalf of an adopted child, minor, or other person who requires a sponsor?: _____. If

yes, relationship to applicant: _____

(Provide official documents attesting to sponsorship)

**ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE MUST ACCOMPANY APPLICATION AND A COPY OF
APPLICANT'S SOCIAL SECURITY CARD IS REQUIRED**

**I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE
BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION AND OR MISREPRESENTATION
ON MY PART WILL BE GROUNDS FOR DISENROLLMENT FROM THE SENECA-CAYUGA TRIBE.**

Signature of Adult Applicant or Sponsor

DATE SIGNED

DO NOT WRITE BELOW

Recommendation from Enrollment Committee:

Action by General Council:

Approve: _____

Approve: _____

Disapprove: _____

Disapprove: _____

Reason(s): _____

Reason(s): _____

Votes: _____ Yes: _____ No: _____

Votes: _____ Yes: _____ No: _____

Motion by: _____

Motion by: _____

Seconded by: _____

Seconded by: _____

Date: _____

Date: _____

Applicant

Father

Tribe _____
Degree _____
Roll # _____

Mother

Tribe _____
Degree _____
Roll # _____

Grandfather

Tribe _____
Degree _____
Roll # _____

Grandmother

Tribe _____
Degree _____
Roll # _____

Grandfather

Tribe _____
Degree _____
Roll # _____

Grandmother

Tribe _____
Degree _____
Roll # _____

Great Grandfather

Tribe _____
Degree _____
Roll # _____

Great Grandfather

Tribe _____
Degree _____
Roll # _____

Great Grandfather

Tribe _____
Degree _____
Roll # _____

Great Grandfather

Tribe _____
Degree _____
Roll # _____

Great Grandmother

Tribe _____
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Great Grandmother

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Great Grandmother

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Roll # _____

Great Grandmother

Tribe _____
Degree _____
Roll # _____