



## CDIB Application Instructions

THE FOLLOWING INSTRUCTIONS ARE TO APPLY FOR A NEW CDIB CARD OR TO AMEND A CURRENT CDIB CARD.  
(PLEASE PRINT AND SIGN THE APPLICATION. ELECTRONIC SIGNATURES ARE NOT ACCEPTED FOR THE CDIB APPLICATION.)

### 1. 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 Rolls. The enrollee must have had a blood quantum, 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 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:

- DNA test with at least 95% accuracy determining the native natural parent(s) in addition to the final court order determining parentage
- or
- Adoption records including the Petition to Adopt and the Final Decree of Adoption, determining natural parentage

### 4. The applicant's social security number must be enclosed with the application.

### 5. Completed Tribal 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 TRIBAL MEMBERSHIP DEPARTMENT  
PO BOX 1210  
DURANT, OK 74702

# 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.

\* Incomplete applications will be returned

\*\*Follow Indian blood lines only using maiden names for females

\*\*\* 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)

CDIB: Yes ( ) No ( )  
**Paternal Grandfather:**  
 \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Paternal Great-grandfather:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Paternal Great-grandmother:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

CDIB: Yes ( ) No ( )  
**Father:**  
 \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

CDIB: Yes ( ) No ( )  
**Paternal Grandmother:**  
 \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Paternal Great-grandfather:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Paternal Great-grandmother:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ 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: \_\_\_\_\_

**Maternal Great-grandfather:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Maternal Great-grandmother:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

CDIB: Yes ( ) No ( )  
**Maternal Grandmother:**  
 \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_

**Maternal Great-grandfather:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_  
**Maternal Great-grandmother:**  
 \_\_\_\_\_  
 Tribe & Roll #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Death: \_\_\_\_\_

**ALL CDIB Applications Must be signed.  
CDIB Cards WILL NOT be issued without a signature.**



# 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

\_\_\_\_\_  
SIGNATURE OF NATURAL FATHER

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHYSICAL ADDRESS

H: \_\_\_\_\_ C: \_\_\_\_\_  
PHONE NUMBER

SUBSCRIBED AND SWORN TO ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

COMMISSION NO: \_\_\_\_\_

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
SIGNATURE OF NATURAL MOTHER

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHYSICAL ADDRESS

H: \_\_\_\_\_ C: \_\_\_\_\_  
PHONE NUMBER

SUBSCRIBED AND SWORN TO ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

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

## Tribal Membership Application Instructions

The following instructions are to apply for a Tribal Membership card.

### COMPLETE THE TRIBAL MEMBERSHIP APPLICATION TO OBTAIN ONE OF THE FOLLOWING CARDS:

#### Tribal Membership Identification Card

- The Tribal Membership Identification card will be issued if the applicant has submitted a valid photo identification and passport style photo. This card serves as a federally recognized identification and will be mailed to the address on the application. The CDIB card will be printed on one side and the Tribal Membership card with photo and ID expiration date will be printed on the other side. The expiration date is for ID purposes only.

#### Tribal Membership Verification Card

- If the Tribal Membership application is submitted and does not meet the Tribal Membership Identification card requirements, the applicant will receive a Tribal Membership Verification card, which does not have a photo.

### Expiration dates on cards

Your expiration date on your tribal membership card is for ID purposes only. If the card expires, it cannot be used as a form of ID. An expired card does not impact tribal membership status.

### Replacement Tribal Membership cards

One replacement card will be issued during a two-year period. However, any changes such as name or address, will not count against the replacement restriction.

### Address changes

Please submit a Tribal Membership application with updated information and a new card will be issued.

### Name changes

- For married name change, submit copy of marriage license, social security card, or valid photo identification reflecting the name change. Married names will only reflect on Tribal Membership and not the CDIB; therefore, documentation only needs to be attached to a Tribal Membership application.
- For an adoption name change, submit court order documentation including, but not limited to the petition to adopt and/or the decree of adoption and the new state issued original birth certificate reflecting the name change. This must go through processing for a CDIB amendment first, then Tribal Membership will be processed upon BIA approval; therefore, documentation needs to be attached to both a CDIB application and Tribal Membership application.
- For court ordered legal name change, submit the court order documentation granting the name change and a state issued original birth certificate reflecting the new name unless the court order states the birth certificate does not require an amendment. This must go through processing for a CDIB amendment first, then Tribal Membership will be processed upon BIA approval; therefore, documentation needs to be attached to both a CDIB application and Tribal Membership application.

QUESTIONS? CALL 580.634.0654 or 1.800.522.6170



# Choctaw Nation Member Services

## Tribal Membership Application

Choctaw Nation of Oklahoma Tribal 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](mailto:cdib-membership@choctawnation.com)

[ChoctawNation.com/services/tribal-membership](http://ChoctawNation.com/services/tribal-membership)

FIRST NAME (PLEASE PRINT) MIDDLE LAST/SUFFIX MAIDEN

BIRTH DATE GENDER SOCIAL SECURITY NUMBER

PHONE # PHYSICAL ADDRESS

CITY STATE ZIP CODE COUNTY

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP CODE COUNTY

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

If yes, please provide an ID or documentation with the status of discharge listed.

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.

\* You may receive a letter requesting additional documentation

\*\*Please see FAQ online for further details

For Office use only: Verified? Yes No CN \_\_\_\_\_ ID# \_\_\_\_\_ Clerk \_\_\_\_\_



# 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](mailto: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 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"/> <b>District 1</b>	<input type="checkbox"/> <b>District 2</b>	<input type="checkbox"/> <b>District 3</b>	<input type="checkbox"/> <b>District 4</b>	<input type="checkbox"/> <b>District 5</b>	<input type="checkbox"/> <b>District 6</b>
<input type="checkbox"/> <b>District 7</b>	<input type="checkbox"/> <b>District 8</b>	<input type="checkbox"/> <b>District 9</b>	<input type="checkbox"/> <b>District 10</b>	<input type="checkbox"/> <b>District 11</b>	<input type="checkbox"/> <b>District 12</b>

**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](http://CHOCTAWNATION.COM/VOTE)

v.4 2022



# 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/](http://choctawnation.com/subscribe/)**

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



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