

Tribal Enrollment Checklist

Things to check before mailing in a CDIB and citizenship application

Certificate of Degree of Indian Blood (CDIB) Application:

- Fill out Certificate of Degree of Indian Blood application completely
- Including requester's name, address, date of birth, parents' information, etc.
- Sign the second page of Certificate of Degree of Indian Blood Application
- Attach a copy front/back of applicant's state-issued birth certificate
- County, hospital and city birth certificates are not accepted
- Make sure Sworn Statement Affidavit is signed and notarized for both parents
- If both parents are listed on birth certificate, both parents are required to sign the SSA. If either parent is deceased, a copy of the deceased parent's death certificate must be included.

Citizenship/Voter Registration Application:

- Select the appropriate box for the application (top right hand corner)
- Complete the personal information area of the citizenship application
- Including maiden name if applicable, Social Security number, mailing address, etc.
- Make sure you provide accurate information regarding whether or not you possess blood of another tribe. If you are currently enrolled with another tribe, you must relinquish with that tribe to receive citizenship with the Chickasaw Nation.
- Attach a colored photograph that is no smaller than 1 ½ "by 1 ¼ "
- We will accept passport, Polaroid or professional photographs.
- If you are 18 or older and would like to register to vote, choose the appropriate voting district. If you do not wish to register at this time please select the "Abstain from Voting" box in the top right hand corner.
- Sign the application as you would like it to be shown on your citizenship card. Please make sure the signature is legible. Provide a good daytime phone number and date the application.

*****Please include an email address if applicable*****

An application is considered invalid/incomplete and will be returned if these requirements are not met.

**BUREAU OF INDIAN AFFAIRS
CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD
INSTRUCTIONS**

All portions of the Request for Certificate of Degree of Indian or Alaska Native Blood (CDIB) must be completed. You must show your relationship to an individual Indian listed on an Indian census roll, tribal base roll, Indian judgment fund distribution roll (Roll) that includes Indian blood degrees, or other document prepared and approved by the Secretary of the Interior (Secretary), or his/her authorized representative.

- Your degree of Indian blood is computed from ancestors of Indian blood who were listed on a Roll or other document acceptable to the Secretary, or his/her authorized representative.
- You must give the maiden names of all women listed on the Request for CDIB, unless they were enrolled by their married names.
- A certified copy of a birth certificate or other official documentation is required to establish your relationship to a parent(s) listed on Roll or other document acceptable to the Secretary.
- If your parent is not listed on a Roll or other document acceptable to the Secretary, a certified copy of your parent's birth or death certificate, or other official documentation is required to establish your parent's relationship to someone listed on such Roll. If your grandparent(s) were not listed on such Roll, a certified copy of the birth or death certificate or other official documentation for each grandparent who was the child of an enrolled member of a federally recognized Indian tribe is required.
- Certified copies of birth certificates, delayed birth certificates, and death certificates may be obtained from the State Department of Health or Bureau of Vital Statistics in the State where the person was born or died, or from a tribal office of Vital Statistic. The Indian tribe must have a duly adopted tribal ordinance concerning the issuance of such documents.
- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.
- Your request and supporting documents should be sent to the Agency from whom you receive services.
- Incomplete requests will be returned with a request for further information. No action will be taken until the request is complete.

BUREAU OF INDIAN AFFAIRS

REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN BLOOD OR ALASKAN 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:
<p>Requester's Date of Birth:</p> <p>Requester's Place of Birth:</p> <p>Is Requester Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are Requester's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list natural (birth) Parents: (If known)</p> <p>Tribe(s) with which Requester is enrolled:</p> <p>Roll Nos.:</p>	<p>Father's Name</p> <p>Tribe: Roll No.:</p> <p>DOB:</p> <p>Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Year:</p> <p>Mother's Name</p> <p>Tribe: Roll No.:</p> <p>DOB:</p> <p>Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Year:</p>	<p>Paternal Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Paternal Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p>	<p>Paternal Great Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Paternal Great Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Paternal Great Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Paternal Great Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Great Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Great Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Great Grandfather's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p> <p>Maternal Great Grandmother's Name:</p> <p>Tribe: Roll No.:</p> <p>DOB: Deceased/Year:</p>

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.
- 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 contained in 25 CFR Part 62.

NOTICE OF PAPERWORK REDUCTION ACT.

The information collection requirement 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 form, please send them to the Information Collection Clearance Officer, Bureau of Indian Affairs, 625 Herndon Parkway, Herndon, Virginia 20170. 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.

NOTICE OF PRIVACY ACT STATEMENT.

This information is collected as provided pursuant to the Privacy Act, 5 U.S.C. 552a. 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 certain 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)

**SWORN STATEMENT
AFFIDAVIT**

I, _____, do solemnly swear that I am
Natural mother
the natural mother of _____ whose date of birth
Child's name
is _____; and that _____ is the
natural father of my child. This birth occurred in _____.
City and state

Signature of natural father

Signature of natural mother

Printed name

Printed name

Address

Address

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

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

Notary: _____
My Commission Expires: _____
Commission No.: _____

Notary: _____
My Commission Expires: _____
Commission No.: _____

S 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 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.