the Chickasaw Nation

Chris Anoatubby
Governor

Department of Interior Services / Self Governance
Tribal Government Services
2015 Lonnie Abbott Boulevard / Ada, OK 74820 / (580) 436-7250 / Fax: (580) 436-7226 / Email address: cdib@Chickasaw.net

Tribal Enrollment Checklist

Things to check before mailing in a Certificate of Degree of Indian Blood (CDIB) and citizenship application.
Please check the boxes listed under the type of application you are submitting. Check all that apply.

Certificate of Degree of Indian Blood (CDIB) Application:

☐ Fill out CDIB application completely
Include requester's (applicants) name, address, birth date, parents' information and complete lineage information, etc.

☐ Sign the second page of the CDIB application (Notices and Certification)

☐ Submit an original state-issued birth certificate (long form) for the applicant
Original is required; city, county or hospital birth certificates or photo copies will not be accepted. Original will be returned.

☐ The Sworn Statement Affidavit (SSA) must be signed and notarized for Chickasaw parent(s)
If the Chickasaw parent is deceased, a state-issued death certificate must be submitted.

Minor Citizenship Application:

☐ Complete the personal information area of the citizenship application
Include social security number, mailing and physical address, a daytime phone number, and email address.

☐ Please indicate whether or not you possess blood of another tribe. If you are currently enrolled with another tribe, you must relinquish with that tribe to be eligible for Chickasaw citizenship.

☐ Attach a colored photograph that is not smaller than 1 ½" by 1 ¼"
We will accept passport, Polaroid or professional photographs and photos will be returned.

☐ Parent or legal guardian signature is required. (NO initials please). Signature must legible. Add relationship and date the application. NOTE: if signing as a legal guardian (other than a parent), legal documentation stating custodial rights must be provided.

Adult Citizenship/Voter Registration Application:

☐ Select the appropriate box for the application (top right hand corner)

☐ Complete the personal information area of the citizenship application
Include requester's (applicants) name, maiden name if applicable, Social Security number, mailing and physical address, a daytime phone number, and email address.

☐ Please indicate whether or not you possess blood of another tribe. If you are currently enrolled with another tribe, you must relinquish with that tribe to be eligible for Chickasaw citizenship.

☐ Attach a colored photograph that is not smaller than 1 ½" by 1 ¼"
We will accept passport, Polaroid or professional photographs and photos will be returned.

☐ If you are 18 or older and would like to register to vote, choose the appropriate voting district.

☐ Sign and date the application. Signature must be legible and sign as you would like it to be shown on your citizenship card (NO initials please).

***** NOTE: if a last name or a full name change has occurred, the legal document(s) noting the change is required. (an amended birth certificate, marriage license, divorce decree or other court documents).*****

Form no. 08019 IS-SD Rev. 6/2023

OMB Control No. 1076-0153
Expiration Date: 04/30/2029

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 enrolled member(s) of a federally recognized Indian tribe, whether it is through your birth mother or birth father, or both. A federally recognized Indian tribe means an Indian or Alaska Native tribe, band, nation, pueblo, village, or community which appears on the list of recognized tribes published in the Federal Register by the Secretary of the Interior (25 U.S.C. § 479a-1(a)).

- Your degree of Indian blood is computed from lineal ancestors of Indian blood who were enrolled with a federally recognized Indian tribe or whose names appear on the designated base rolls of a federally recognized Indian tribe.

- 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 is required to establish your relationship to a parent(s) enrolled with a federally recognized Indian tribe(s).

- If your parent is not enrolled with a federally recognized Indian tribe, a Certified Copy of your parent's Birth or Death Certificate is required to establish your parent's relationship to an enrolled member of a federally recognized Indian tribe(s). If your grandparent(s) were not enrolled members of a federally recognized Indian tribe(s), a Certified Copy of the Birth or Death Certificate 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.

- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.

- **Please return your request and supporting documents 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.

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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?
☐ Yes ☐ No

Are Requester's Parents Adopted?
☐ Yes ☐ 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 ☐ Yes ☐ No
Year____

Mother's Name:

Tribe:

Roll No.:

DOB:

Deceased ☐ Yes ☐ 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____

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____

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

SWORN STATEMENT AFFIDAVIT

I, _____, do solemnly swear that I am
Biological mother

the biological mother of _____ whose birth date
Child's name

is _____; and that _____ is the

biological father of my child. This birth occurred in _____.
City and state

_____
Signature of biological father

_____
Biological father printed name

_____
Mailing address

_____
City, state, ZIP

☐ Same as mailing

_____
Physical address

_____
City, state, ZIP

(_____) _____
Primary phone no.

(_____) _____
Secondary phone no.

_____
Signature of biological mother

_____
Biological mother printed name

_____
Mailing address

_____
City, state, ZIP

☐ Same as mailing

_____
Physical address

_____
City, state, ZIP

(_____) _____
Primary phone no.

(_____) _____
Secondary phone no.

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

Notary: _____
My commission expires: _____
Commission no.: _____

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

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.

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AUTHORIZATION TO RELEASE INFORMATION

Client name:_____ Birth date: _____

Maiden name:_____ Social security no.: _____

I request and authorize_____to release information on the client named above to:

Name: Chickasaw Nation Tribal Government Services
Address: 2015 Lonnie Abbott Boulevard
City: Ada State: Oklahoma ZIP: 74820

This request and authorization applies to:

☐ All birth certificate information relating to the following person/individuals: _____

☐ Birth certificate only

☐ Copy of photo ID

☐ Paternity affidavit/acknowledgement of paternity

☐ Other:

☐ Yes ☐ No I hereby authorize this release to the agency stated above.

_____ _____
Client signature (parent/legal guardian if client is under 18) Date signed

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