



# ENROLLMENT APPLICATION MIAMI TRIBE OF OKLAHOMA

Phone: (918) 541-1300

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Please list all names by which you are known (maiden, married, etc) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Social Security: \_\_\_\_\_  
\_\_\_\_\_ Phone w/Area Code: \_\_\_\_\_  
County: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Is the applicant an adopted child?  Yes  No  
Is applicant enrolled with another Tribe?  Yes  No  
If yes, which Tribe? \_\_\_\_\_

Are either of your parents enrolled with another Tribe?  Yes  No  
If yes, name of parent(s) \_\_\_\_\_  
Tribe: \_\_\_\_\_

Name of Parent that is a member of the Miami Tribe of Oklahoma:  
Mother: \_\_\_\_\_  
Father: \_\_\_\_\_

List the name of ancestor(s) on the 1937 base roll, 38, 39, 40, 41, 42, or 43 adjustment rolls. The LaCygne Journal of 1871 or those issued land patents in Kansas:

\_\_\_\_\_  
Signature of Applicant or Legal Guardian Date

- \*Return by mail:
1. Completed application (both sides)
  2. State certified copy of birth certificate (*Must contain the state registrar's signature, state seal and state file number.*)
  3. **MUST BE ORIGINALS. NO PHOTOCOPIES ALLOWED.**
  4. Original birth certificates will be mailed back to sender.

To: Miami Tribe of Oklahoma  
Attn: Enrollment Office  
P.O. Box 1326  
Miami, OK 74355

**COMPLETE THE FAMILY TREE ON THE BACK OF THIS APPLICATION**

# kiwentaapiikasionemi

## Your Genealogy

