



ENROLLMENT APPLICATION

MIAMI TRIBE OF OKLAHOMA

918-541-1300

Applicant's Full Name: _____
Last First Middle

Please list all names by which you are known (maiden, married, etc.) _____

Mailing address: _____ Date of Birth: _____

_____ Social Security: _____

Physical address: _____ Phone w/Area Code: _____

_____ E-Mail Address: _____

Is the applicant an adopted child? Yes No

Is applicant enrolled with another Federal Recognized Tribe? Yes No

If yes, which Federally Recognized Tribe? _____

Are either of your parents enrolled with a Federally Recognized Tribe? Yes No

If yes, name of parent (s) _____ Tribe: _____

Name of Parent that is an enrolled 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 La Cygne Journal of 1871 or issued land patents in Kansas:

Signature of Applicant or Legal Guardian

Date

- RETURN BY MAIL: 1. Completed application 2. State Certified Birth Certificate (Must contain the state registrar's signature, state seal and state file #.)
- (MUST BE ORIGINALS. NO PHOTOCOPIES ALLOWED. (ORIGINAL BIRTH CERTIFICATES WILL BE MAILED BACK)
- To: Miami Tribe of Oklahoma Attn: Enrollment Office P.O. Box 1326, Miami, Ok 74355
- COMPLETE FAMILY TREE ATTACHED WITH THIS APPLICATION