



IT IS A CRIMINAL OFFENSE
UNDER FEDERAL AND TRIBAL
LAW TO PRESENT FALSE OR
UNTRUE INFORMATION FOR
ENROLLMENT PURPOSES

**CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
CDIB II DESCENDANCY APPLICATION**

1. **ELIGIBILITY REQUIRMENTS: APPLICANT IS REQUIRED TO HAVE AT LEAST ONE ENROLLED PARENT.**
2. Applicants must submit an **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. We **DO NOT** accept copies of birth certificates. Our office must copy from the original to prove validity of the document and that it has not been altered in anyway. **(THE ENROLLED PARENT MUST BE LISTED ON THE STATE CERTIFIED BIRTH CERTIFICATE.)**
3. **Applicant's 18 years of age or older are required to provide a non-expired State Issued Identification card.**
4. Faxed or emailed CDIB II Applications, and/or supporting documents will not be accepted.
5. Forms with white out/correction tape will not be accepted. In case of a mistake, draw a line through the error. Initial the error. Write the correction above the strike out. Forms must be completed in black or blue ink only.
6. If this application is submitted 6 months or older from the date of the notary it will be considered expired and a new application will need to be completed.

All information submitted to the Cheyenne and Arapaho Tribes Department of Enrollment is CONFIDENTIAL. No information will be given to anyone other than to the applicant. If the applicant is a minor only the legal custodial parent(s) or legal guardian(s) shall receive information.

CDIB II Applicant Information

DATE OF BIRTH: _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ SUFFIX _____

GENDER: FEMALE MALE

APPLICANT ADOPTED? YES NO

If yes, provide an original or certified copy of a Final Adoption Decree and original amended birth certificate.

MOTHER'S NAME: _____ DATE OF BIRTH: _____

MOTHER ENROLLED CHEYENNE-ARAPAHO MEMBER? YES NO

FATHERS'S NAME: _____ DATE OF BIRTH: _____

FATHER ENROLLED CHEYENNE-ARAPAHO MEMBER? YES NO

RELATIONSHIP TO APPLICANT: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE #: (_____) _____ - _____ MESSAGE PHONE #: (_____) _____ - _____

SIGNATURE OF APPLICANT/SPONSER(S)

DATE

This box is for NOTARY use only – I.D. is REQUIRED for notarization.

State of: _____

County of: _____

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

NOTARY
SEAL

Notary Public's Signature

For any questions or concerns, please contact the Cheyenne & Arapaho Tribes, Department of Enrollment at: (405) 422-7600

PLEASE MAIL CDIB II APPLICATION AND SUPPORTING DOCUMENTS TO:
CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
PO BOX 134
CONCHO, OK 73022