

RETURN TO:
Caddo Nation Enrollment Department
P.O. Box 487
Binger, Oklahoma 73009
Ph: (405) 656-2344 Ext. 206
Fax: (405) 656-2551



MEMBERSHIP APPLICATION For Enrollment with the CADDO NATION

IIM Account No.: _____

(PRINT CLEARLY)

1. APPLICANT'S NAME: _____ DEGREE OF CADDO BLOOD: _____

List Indian, Maiden or other name by which you are known: _____

D.O.B.: _____ SSN: _____ GENDER: Female Male

Address: _____ Telephone #: _____

_____ Message #: _____

_____ Email: _____

2. IS APPLICANT ADOPTED: YES NO If Yes, please submit the Final Decree of Adoption

3. Do you possess Indian Blood from another Indian Tribe? YES NO

If Yes, Name of other Tribe _____ Degree of Blood: _____

Name of other Tribe _____ Degree of Blood: _____

4. Are you enrolled with another Indian Tribe as a member of that tribe? YES NO

5. If you are a member of another Indian Tribe, have you received benefits in Land or Money by virtue of such enrollment? YES NO

6. Give the NAME and ALLOTTEE NUMBER of the Caddo Indian Allottee(s):

Allottee Name(s): _____ Allottee #: _____

7. What is the Relationship of the Allottee to you? _____

FAMILY RECORD

8. Name of Applicant's Spouse: _____

9. (Spouse) Tribe Name: _____ (Spouse) Degree of Blood: _____

10. Applicant's Children

(A Separate application must be filed for each person wishing to be enrolled.)

_____	_____
_____	_____
_____	_____

APPLICANT: Please allow four (4) to six (6) weeks for processing once all documentation has been turned in. If the applicant is of other tribal descent, the application may take longer to process due to the length of time it takes to receive verification from the other tribe(s).

(Persons 18 years of Age or older must sign their own application.)

Applicant Signature: _____ Date: _____

If a Minor, Parent or Legal Guardian must sign application:

Parent Signature: _____ Date: _____

Relationship to Minor: _____

***REMINDER**
Keep the Enrollment Office up-to-date on a name change & current address, by a written statement with your Name, DOB, Roll#, SSN#, and Change of Address.