SAC AND FOX NATION

920883 S Hwy. 99 Building A ♦ Stroud, Oklahoma 74079

APPLICATION FOR ENROLLMENT

1. **APPLICATION: Please furnish as much information as possible on this portion. This guides the researcher in verifying ancestral information and Indian Blood degree. Please include maiden names if they are known.**

2. **AFFIDAVIT: Please fill blanks and circle or black-out items as needed. This affidavit must be signed by a Notary Public before it is accepted by this office.**

3. **CERTIFIED BIRTH CERTIFICATE: A certified birth certificate has an embossed seal of the State in which the applicant was born and the signature of the State Registrar. "A photo copy "IS NOT" acceptable". The certificate should indicate the names of the applicant. THIS CERTIFIED BIRTH CERTIFICATE WILL BE RETURNED once all documentation is verified by the Enrollment Department. A copy of the birth certificate will become a part of the official records of the Sac and Fox Nation.**

RETURN TO: Attn: Enrollment Department
920883 S. Hwy 99 Bldg "A" Stroud, OK 74079

^^

1. Name of Applicant:____S/S#____________________

2. Other names used (Indian, Maiden, Alias, etc.)____

3. Date of Birth:________________________________4. Name of Spouse:_____________________

5. Address of Applicant:____

(RT. #, Street, Apt. #) (City / State) (Zip)

6. Home Phone: ( )___________________7. Work Phone Number: ( )____________________

8. Degree of Sac and Fox Blood:_________9. Degree of other Indian blood:______________

10. Have you ever been denied twice by the General Council?: ( ) NO ( ) YES Dates:__________

11. Are you currently enrolled with another Tribe?: ( ) NO ( ) YES

a. If YES, name of the Tribe and Name by which you are known on that roll:________________

____

b. Are you willing to RELINQUISH that membership for enrollment with the Sac and Fox Nation?: ( ) YES ( ) NO Name and relationship of nearest ancestor on the Sac and Fox roll:____

12. APPLICANT: To certify your desire to become a member of the Sac and Fox Nation, Please sign below: MINORS: Parents/Guardians sign 18 years and Older: must sign for themselves

_______________________________________ _______________________________________

SIGNATURE **DATE**

TRACE ANCESTRY TO SAC AND FOX ANCESTOR ON BASIC ROLL

FATHER of Applicant:___________________________________ Sac and Fox blood degree:________

Roll Number:_______ Family Number:_________ ______Other Indian blood degree:_____________

Tribe:______________________________________Enrolled with another tribe: ( ) YES ( ) NO

If YES, name and address of Tribal Office:____

____

FATHER'S FATHER:__________________________________TRIBE:__________________________

FATHER'S MOTHER:_________________________________TRIBE:___________________________

FATHER'S PATERNAL GRANDFATHER:____________________________TRIBE:_____________

FATHER'S PATERNAL GRANDMOTHER:___________________________ TRIBE:____________

FATHER'S MATERNAL GRANDFATHER:____________________________TRIBE:____________

FATHER'S MATERNAL GRANDMOTHER:___________________________ TRIBE:____________

^^

MOTHER of Applicant:_____________________________Sac and Fox blood degree:_____________

Roll Number:_____________Family Number:___________Other Indian blood degree:____________

Tribe:______________________________________Enrolled with another Tribe: ( ) YES ( ) NO

If YES, name and address of Tribal Office:____

____

MOTHER'S FATHER:_____________________________________TRIBE:______________________

MOTHER'S MOTHER:___________________________________ TRIBE:______________________

MOTHER'S PATERNAL GRANDFATHER:___________________________TRIBE:_____________

MOTHER'S PATERNAL GRANDMOTHER:_________________________ TRIBE:_____________

MOTHER'S MATERNAL GRANDFATHER:_________________________ TRIBE:_____________

MOTHER'S MATERNAL GRANDMOTHER:________________________TRIBE:_____________

AFFIDAVIT

County of _____}
}
State of _____}

I, _____, of lawful age, being first sworn upon oath
(Applicant's Name or Parent)
deposes and states:

That _____, for whom this application is made, is or is
(Applicant's Name)
not (circle one) an adopted child and is or is not a direct descendant by blood of a member of the Sac and Fox Nation.

In executing the foregoing application, I am fully aware that the provisions in Sec. 1001, Title 18, U.S.C., provide for a fine or not more than $10,000 or imprisonment for not more than five years or both, for making false or fraudulent statements in connection with any matter within the jurisdiction of any Department or Agency of the United States.

DATE:_____NAME:_____
SIGNATURE OF APPLICANT/PARENT

<u>ON BEHALF OF A MINOR:</u>

I further state that I am the (check appropriate box):

( ) legal guardian ( ) natural parent
( ) legal guardian and natural parent

of _____(child's name) and I am vested with the authority to make and submit the above and foregoing application to the Sac and Fox Nation and all information provided and furnished by me in this application is true and correct as I verify believe.
Further affidavit sayeth not.

_____
Applicant's Legal Guardian and/or Natural Parent.

Subscribed and sworn to before me this _____ day of _____20____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: