



**PONCA TRIBE OF INDIANS OF OKLAHOMA**

**APPLICATION FOR ENROLLMENT**

**ATTACH COPY OF CERTIFIED BIRTH CERTIFICATE FOR ALL APPLICATIONS**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Indian, Maiden or other Names by which you are known: \_\_\_\_\_

Degree of Indian Blood Claimed: \_\_\_\_\_

(if known)                      PONCA                      OTHER                      TOTAL

Is Applicant Enrolled with another Tribe? Yes \_\_\_\_ No \_\_\_\_

TRIBE

Is Applicant Adopted? Yes \_\_\_\_ No \_\_\_\_

Is the Applicant a direct lineal descendant of a member of a Tribe?

Yes \_\_\_\_ No \_\_\_\_ Tribe: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Degree: \_\_\_\_\_ Tribe: \_\_\_\_\_ Mother's Degree: \_\_\_\_\_ Tribe: \_\_\_\_\_

Is he enrolled with another Tribe? \_\_\_\_\_ Is she enrolled with another Tribe? \_\_\_\_\_

If yes, name Tribe: \_\_\_\_\_ If yes, name Tribe: \_\_\_\_\_

Applicant, Please list name of Ancestor and Relationship on roll (if known) \_\_\_\_\_

Applicant do you have Brothers or sisters enrolled with the Ponca Tribe? If yes, Please list:

**\*\*\*\*\*CERTIFICATION\*\*\*\*\***

I hereby certify that \_\_\_\_\_ for whom this application is being made is a

Applicant Name

direct descendant by blood of a member of the Ponca Tribe of Oklahoma.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian