



DEPARTMENT OF ENROLLMENT  
CDIB II (DESCENDANCY) APPLICATION

CDIB II Applicant Information

FIRST NAME MIDDLE NAME LAST NAME SUFFIX DATE OF BIRTH

GENDER  FEMALE  MALE

IS APPLICANT ADOPTED?  YES  NO If yes,  
provide an ORIGINAL or CERTIFIED copy of Final Adoption  
Decree AND ORIGINAL Amended Birth Certificate

MOTHER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PONCA TRIBAL MEMBER?  YES  NO

FATHER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PONCA TRIBAL MEMBER?  YES  NO

PRINT NAME OF PERSON FILLING OUT APPLICATION \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary \_\_\_\_\_

1. ELIGIBILITY REQUIREMENTS: APPLICANT IS REQUIRED TO HAVE AT LEAST ONE ENROLLED PARENT/GRANDPARENT.
2. Applicants must submit an ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE—NO COPIES—we must copy from the original to prove validity of the document and confirm that it has not been altered in any way. THE ENROLLED PARENT MUST BE LISTED ON THE STATE CERTIFIED BIRTH CERTIFICATE.
3. Applicants 18 years of age or older are required to provide an unexpired state issued ID card.
4. Faxed or emailed applications/supporting documents will not be accepted.

Questions call: 580-749-7243, Address: 101 White Eagle Drive, Ponca City, OK 74601,  
Email: enrollment@ponca-nsn.gov