



PONCA TRIBE OF INDIANS OF OKLAHOMA OFFICE OF ENROLLMENT

101 WHITE EAGLE DR. PONCA CITY, OK 74601
PHONE (580) 762-8104 FAX (580) 762-2743

ELEGIBILITY REQUIREMENTS:

1. MUST have a parent or grandparent enrolled with the Ponca Tribe of Oklahoma. They must be enrolled from the 1940 base roll.
2. If enrolling based off a grandparent, you must provide your parents original birth certificate to trace descendancy back to the enrolled tribal member.
3. If adopted, you must provide an Adoption Decree and an Original Birth Certificate, as well as the Amended Birth Certificate must be original documents.
4. Applicant's requesting enrollment and the father is not listed on birth certificate must provide the original document of the DNA test results. If you cannot provide an original, you may send a notarized copy from the issuing company/program. If altered in any way, it will not be accepted.
5. If relinquishing from another tribal roll, relinquishment form must be attached to application.
6. Notarized Custody Affidavit Form must be notarized by an outside entity. (For Office Use Only)
7. If you are not the biological parent, you must provide an original or certified copy of the legal Guardianship order.
8. Placement Papers for children in Foster Care.
9. Birth Certificate must be an original document.
10. Social Security Card must be an original document.
11. Completed and signed enrollment application.
12. The Family Tree Chart must be completed and accompany enrollment application.



PONCA TRIBE OF INDIANS OF OKLAHOMA
OFFICE OF ENROLLMENT
APPLICATION FOR ENROLLMENT

Name: _____ Date of Birth: ____/____/____

Phone Number: () _____ Social Security# _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Box #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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

Is Applicant Adopted? Yes: No:

Degree of Indian Blood Claimed: _____
 (if known) PONCA OTHER OTHER OTHER TOTAL

Is Applicant Enrolled with another Tribe? Yes: _____ No: _____ Tribe: _____

Is the Applicant a direct lineal descendant of a member of a Tribe? Yes: No:

If so, list Tribe's Name: _____

Paternal: _____ Maternal: _____

Date of Birth: _____ Date of Birth: _____

Blood Degree: _____ Blood Degree: _____

Enrolled with other Tribe: if so list tribe Enrolled with other Tribe: if so list tribe

Tribe: _____ Tribe: _____

Please list name of Ancestor and Relationship on roll, if known:

Do you have siblings enroll with the Tribe, if so, please list:

*****CERTIFICATION*****

I hereby certify that _____ for whom this
 application is being made is a direct descendant by blood of a member of the Ponca Tribe of Oklahoma.

 Signature of Applicant/Parent/Legal Guardian

 Date

Ponca Tribe of Oklahoma
Family History Chart



Applicant
Ponca Blood Degree: _____
Date of Birth: _____

Father
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Grandfather
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Great-Grandfather Date of Birth: _____
Tribe: _____ Blood Degree: _____

Great-Grandmother Date of Birth: _____
Tribe: _____ Blood Degree: _____

Grandmother
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Great-Grandfather Date of Birth: _____
Tribe: _____ Blood Degree: _____

Grandmother
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Great-Grandmother Date of Birth: _____
Tribe: _____ Blood Degree: _____

Mother
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Grandfather
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Great-Grandfather Date of Birth: _____
Tribe: _____ Blood Degree: _____

Great-Grandmother Date of Birth: _____
Tribe: _____ Blood Degree: _____

Grandmother
Tribe: _____
Blood Degree: _____
Date of Birth: _____
Enrollment #: _____

Great-Grandfather Date of Birth: _____
Tribe: _____ Blood Degree: _____

Great-Grandmother Date of Birth: _____
Tribe: _____ Blood Degree: _____

OFFICE USE ONLY
Applicants Blood Degree _____
Determined on Base Roll # _____
Initial _____

AFFIDAVIT
(For Office Use Only)

I, _____, of lawful age, being first sworn upon oath
(Name of Applicant/Parent/Legal Guardian)
deposes and states:

That _____, for whom this application is made.
(Applicant's Name)

(Check one) is not an adopted child.
and a direct descendant by blood of a member
of the Ponca Tribe of Indians of Oklahoma

(Check one) is not an adopted child.

ON BEHALF OF A MINOR.

I further state that I am the: (check one) Biological Parent Legal Guardian

Of, _____, and I am vested with the authority to make and submit the above foregoing application to the Ponca Tribe of Indians of Oklahoma and all information provided and furnished by me in this application is true and correct.

In executing this foregoing application, I am fully aware that the provisions set forth in Sec. 1001, Title 18 U.S.C., provide for a fine of 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.

Signature of Applicant/Parent/Legal Guardian

Date

County of _____)

State of _____)

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

Notary Public Printed Name

Notary Public Signature

My Commission Expires

Seal: