

**Kialegee Tribal Town
Enrollment Department
P.O. Box 332
Wetumka, OK 74883
Ph# (405)452-3262
Fax# (405)452-3413**

Enrollment Applications Required Documents

Applicant: _____

Date: _____

Document	YES	NO
Applicaton		
Birth Certificate		
Creek Nation Citizenship card *Need copy of front and back		
Release of Information		
Marriage Certificate		
Matrilineal Form		
Patrilineal Form		
8 x 10		
Traced to June 12, 1941 Membership List		
Comments:		

***All Applications Must include above documentation or they will not be accepted**



Kialegee ETVLWV

Application For Membership/ Adoption

Applicant's Full Name: _____ Maiden _____

Mailing Address _____ Phone _____

City

State

Zip Code

Date of Birth

Place of Birth

Degree of Indian Blood

Ancestor(s) on base roll through whom membership rights are claimed:

Matrilineal _____ 1941 Town Roll # _____ Name _____

Patrilineal _____ 1941 Town Roll # _____ Name _____

Husband or Wife Name Enrolled _____ Adopted _____

Is either of your parents enrolled as a member of another tribe? Yes__ or No__

If yes, which parent and with which tribe? _____

Is applicant an adopted child? Yes__ or No__

Is applicant enrolled with another tribe? Yes__ or No__

Which tribe? _____

Is applicant a direct lineal descendant of a member of the tribe? Yes__ or No__

If funding is made available through B.I.A. would you rather be serviced by Creek Nation or Kialegee? _____

Copy of Birth Certificate, Citizenship Card, Adoption, or Custody Papers of Heirship, Official Matrilineal form signed, and Release of Information signed. Must be in file to be complete and reviewed by the Enrollment Committee.

If accepted as a member of Kialegee ETVLWV, I certify that the facts contained herein are true and correct to the best of my knowledge.

Date: _____ Name: _____



Kialegee Tribal Town

Enrollment Department

P.O. Box 332

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Ph# 405-452-3262

Fax# 405-452-3143

To Whom It May Concern:

I Hearby give permission to the Creek Nation Citizenship Board to release any information concerning my 8 x 10 Citizenship which outlines my Family Background.

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Date of Birth: _____

Natural Father: _____

Natural Mother: _____

Mother's Maiden: _____

Correct Mailing Address: _____

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I request the information to be sent directly to KIALEGEE TRIBAL TOWN, P.O. Box 332 Wetumka, OK 74883. Fax # (405)452-3413

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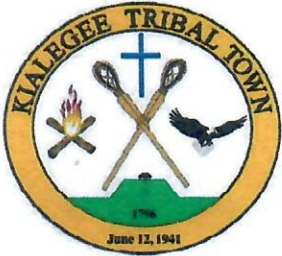
I authorize KIALEGEE TRIBAL TOWN, to receive this information on my behalf

☐

I understand that all information given is held in strictest confidence

Signature of Applicant/Guardian

Date



Kialegee Tribal Town
P.O. Box 332
Wetumka, OK 74883

Phone: 405-452-3262

Fax: 405-452-3413

Official document of Matrilineal Descendancy pursuant to the Kialegee Tribal Town Constitution, Article 3, Section 3

Please handwritten or type legibly and include birth date of each entry beyond the original enrollee. If unclear of the Dawes, contact the Tribal Town at (405) 452-3262

Dawes Enrollee Census Card

1st Generation

2nd Generation

3rd Generation

4th Generation

5th Generation

6th Generation

7th Generation

Signature of Applicant or Applicants
parents/Authorized Guardian

Approved _____ Disapproved _____

Date _____

Signature of Enrollment Committee

X _____

X _____

X _____

1.



Kialegee Tribal Town
POBox332
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Official document of Patrilineal Descendancy pursuant to the
Kialegee Tribal Town Constitution, Article 3, Section 4 & 5

Please handwritten or type legibly and include birth date of each entry beyond the original enrollee. If unclear of the Dawes, contact the Tribal Town at (405) 452-3262.

Dawes Enrollee Census Card

1st Generation

2nd Generation

3rd Generation

4th Generation

5th Generation

6th Generation

7th Generation

Signature of Applicant or Applicants
parents/Authorized Guardian

Approved _____ Disapproved. _____

Date: _____

Signature Enrollment of Committee

X _____

X _____

X _____